

PHILADELPHIA MEDICAL TIMES.

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VOL. XVIII

DEAFNESS AS THE RESULT OF THE POISON OF SYPHILIS.

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THE number of cases of syphilitic disease of the ear are much less numerous in the United States than in Great Britain or on the Continent. This fact I have proven by repeated visits and examinations of hospitals and clinics, both public and private, of Europe. I also quote the careful observations of one of their distinguished aural surgeons, Dr. Dalby, who states, in the *Lancet*: "Next to scarlet fever, inherited syphilis may be reckoned as the most fruitful cause of deaf mutism."

In the United States, in a practice extending over thirty-three years, in a city of eight hundred and fifteen thousand inhabitants, the proportion of cases of syphilitic disease of the ear is about sixteen in one thousand, while in my public clinic at Howard and then at Jefferson College Hospitals the number shows a decrease as compared with my private record. This fact is in part owing to the greater amount of care and time given to the histories of the cases in my private record, which includes investigation into heredity, etc. The same facts are proven by reference to the statistics of the insti-

tutions for the instruction of deaf mutes in the United States. By examining their reports it will be found that the largest number of non-congenital deaf mute cases are placed under scarlet fever, spotted fever, a low form of epidemic typhus; then follows in order of frequency cerebro-spinal meningitis, etc. This, however, may arise from the fact that but very few of the superintendents are medical men, and therefore are not competent to judge of the histories accompanying the pupils, which they often receive, not from the family physician, but from parents, guardians or friends, who should have referred them to the consulting or attending physician.

History.—As early as June, 1853, Wilde, of Dublin, published the most distinct account of syphilitic affections of the ear, in his work on Diseases of the Ear; but he unfortunately dwelt too much upon the local manifestations occurring in the membranes of the tympanic cavity, while he neglected the nervous element. The same syphilitic poison which produces alternately an affection of the eye and ear was termed by Sir William "an inflammatory affection." In the work of Joseph Toynbee but little information is given concerning syphilitic affections of the ear, but this was remedied in the edition issued in

1868, with a supplement, by the late James Hinton, Aural Surgeon to Guy's Hospital, who must have seen a large number of cases, because he states that more than one-twentieth of the aural out-door patients present the now familiar aspect of hereditary syphilis, and have, in every case he has met with, suffered from impaired vision, before the deafness has arisen. He further observes: "I know no other affection, except fever, which in a person under twenty brings on deafness so rapid and so nearly complete." In the course of a few weeks a girl, previously hearing well, will, without pain or known cause, become unable to distinguish words. Perhaps her eyes, which have been long inflamed, have about the same time become better. On examination, it is found that a tuning fork placed on the head is heard for a very short time, or not at all; the meatus is free from wax, the membrana tympani looks somewhat white and rough—it may be flat or concave, but it generally has a dried-up look, as if its fluids were deficient; the Eustachian tube may or may not be pervious. From the symptoms, however, it is evident that, as in the case of the eye, both the conducting and the nervous apparatus are liable to be involved in this disease. The peculiarly harsh sound produced by passing air into the tympanum suggests the presence there of rough, rigid lymph, and the total deafness proves that the labyrinth has suffered."

Diagnosis.—Often at a glance and with a brief history of the patient, the syphilitic affections of the skin of the external ear, soft palate, tonsils, or pharynx are recognized, when associated with a dull pain, in and about the ear, and pronounced tinnitus. If we find recent ulcers of an excavating nature, with everted edges, in the mucous membrane, or extending to the osseous walls, also necrosed bone from the septum, spongy bones, or floor of septum with a peculiar and characteristic odor; this will show a recent attack of the disease.

Should the individual be profoundly deaf, having dry white patches on the membrana tympani, associated with radiating cicatrices in the pharynx, with swollen, contracted, or even closed Eus-

tachian tubes, loss of perception of sound through the bones of the head, we may be almost sure that we have labyrinthine syphilis to treat. In young children, or half-grown persons, of both sexes, having rapidly developed deafness, without objective symptoms of middle ear disease, we should also suspect labyrinthine syphilis, even when the primary infection was denied by the parents or guardians of such young persons. The diagnosis is confirmed if we find the lymphatic glands over the mastoid process swollen.

Pathology.—The pathology of the various forms of changes in the ear produced by syphilis is a matter of great importance, and should be dwelt upon. It has been observed that hyperæmia exists in the vestibule at the entrance of the cochlea and horizontal semicircular canal, in a case of tympanic catarrh and probable periostitis, in a syphilitic person. In a syphilitic soldier who died of exanthematic typhus, there was found considerable hyperæmia of the tympanic mucous membrane and membranous labyrinth, which appeared to be a good deal thickened. The labyrinthine liquid was sanguinolent and abundant.

Myringitis, ankylosis of the ossicles, with adhesive inflammation in the labyrinth, with depositions of chalky concretions on the membranous semicircular canals and sacs.

In a reported case of secondary syphilis, in which deafness, annoying tinnitus aurium, and osteocopic pains in the skull were complained of, hearing was rapidly destroyed. The autopsy showed the external and middle ear intact, sclerosis of the petrous portion of the vestibule, and small-celled infiltration of the membranous labyrinth, and ankylosis of the stapes to the fenestra ovalis. The trunk of the acoustic nerve was found unchanged.

In a new-born child with congenital syphilis both perforations were below the manubrium, so that they could not be referred to an arrest of development.

In dissecting the petrous bones in one syphilitic case, there was found a congested state of the tympanic mucous membrane on the right side, and some old adhesions at the upper part of each tympanum, the membrana tympani

very concave, the Eustachian tubes containing mucus: each vestibule was much congested.

The ulcers found with constitutional syphilis are annular and covered with a dirty grayish-white exudation, and from their edges being greatly swollen they cause contraction of the meatus, and when they exist the lymph glands in the vicinity of the ear are much swollen.

The serous catarrh (otitis media serosa) is found with syphilis, and is an inflammatory dropsy of the tympanum, of a yellowish-red color. It is the least common, and should not be mistaken for the very simple transudation (hydrops ex vacuo) which results from closure of the Eustachian tube.

Certain changes in the cerebral arteries have been discovered by Huebner and Barlow, and these same changes no doubt occur in the arteries which supply the ear, in syphilitic disease of this organ. These changes are opacity and marked thickening of the vessel, with diminution in its calibre. The thickening is chiefly in the inner coat, while the outer coat is abnormally vascular and filtrated. Charcot and Gombault describe a syphilitic lesion of the brain substance, which consists in the formation of disseminated small nodules, either on the surface or at the depth of nerve centres.

The ulcers of the Eustachian tubes, in syphilis, which extend from the pharyngeal mucous membrane, are much deeper, reaching the cartilage itself, and even penetrating its substance. Syphilitic excrescences, like the pointed condylomata, are sometimes seen at the osseum pharyngeum.

Syphilitic mucous patches on the tonsils, when examined under the microscope, show the latter to be seated upon the mucous membrane which covers the gland. The epithelial layer was thickened; some of the superficial epithelia were swollen and vascular; the papillae of the mucous corium beneath were hypertrophied. It is to the hypertrophy that the prominence of the patches is due. The more profound syphilitic lesions of the mucous membrane begin by an induration of the corium and of the submucous tissue by deep nodules or gummata, which

very soon ulcerate. By a careful examination it will be found that the syphilitic disease affects the most vital portion of the internal ear (the labyrinth), which becomes thickened in its membranous covering, and the fluid which it contains is bloody and increased in quantity. This accounts for the profound deafness. Second, we have the semicircular canals hyperæmic, with deposit of chalk concretions on the membranous portion of these canals, which accounts for the staggering gait of the patient, or a tendency to fall. Third, we have alterations in the bone structure which contains the most important and delicate parts of the ear, the petrous portion of the temporal bone. Fourth, we have anchylosis of the stapes to the walls of the fenestra ovalis, so that it has no power to move by the impulse of sonorous vibrations, which are conveyed in mass and not as musical tones.

In syphilitic necroses of flat bones there is a new osseous formation which takes place at the edges. The diploë of the bones becomes more compact, and upon their external surface small hyperostoses are met with. A microscopical examination of the sequestra shows the medullary cavities of the diploë replaced by very narrow canals, and the transformation has taken place in consequence of the formation of osseous tissue which, being deposited, layer by layer, in the interior of the canals, has narrowed them. The purulent inflammation of both ears, with perforation, or evidences of the same, in new-born children, the result of congenital syphilis, accounts for many of the cases of congenital deaf mutism. The dropsy and changes in the membrana tympani account for its white and dried character and appearance. The deep-seated ulcers in the Eustachian tube, unless very promptly treated, must, in a very short time, destroy the function of this important part of the ear, while the pointed condylomata destroy and contract the meatus for the reception of sonorous vibrations.

PROGNOSIS.—The prognosis in these affections of the ear depends almost entirely upon the stage at which the patient is suffering from syphilis, and

also the duration of the disease. In primary and secondary manifestations much benefit will result from a careful and active treatment, both local and general. In the tertiary cases among the poor the prospect is unfavorable, while with the wealthy, and even those having the comforts of home, proper food and attention, most cases will recover if brought to the aural surgeon in the early stage, and while the general health is still good.

TREATMENT.—Condylomata of the external auditory meatus. The excrescences are to be touched with nitrate of silver, after which a poultice should be applied. The subsequent treatment consists in washing over the morbid growths with a strong solution of nitrate of silver, every second or third day, and in the intermediate time keeping a dossil of fine lint, wet with diluted liquor plumbi, applied to the concha; besides the internal administration of Plummer's pill and sarsaparilla.* By persisting in this treatment for upwards of two months, the condylomata will disappear leaving the meatus natural, when the membrana tympani will be found unimpaired and the hearing restored. Broad condylomata in the external meatus occur mostly on one side only, and in persons whose ear canals are narrow. They begin in the depth of the meatus with red patches which develop into slight elevations (papulæ) and well marked condylomata.

Complications with severe affections of the middle ear and rupture of the drum membrane. Relapses were noticed, together with other symptoms of syphilis, about six weeks after the appearance of the affection. Mild cases were cured by constitutional treatment alone; severe cases required local treatment additionally, namely, abscissions of the prominent excrescences, cautious touching of the deeper ones with nitrate of silver in substance, and most careful cleansing with a weak solution of acetate of zinc and hypermanganate and chlorate of potash. In other cases, in my treatment of condylomata situated in the external meatus, or on the edge of the membrana tympani, or in the throat

—the latter being the locality in which I have most frequently found them to occur—I employ nitrate of mercury in solution of one part to twelve of water, applied to the part so as to destroy not only the superficial covering, but the deeper diseased tissue. The parts should be washed with lime water and calomel; also apply a dossil of lint with powdered iodoform and tannic acid to the meatus. Of constitutional measures, I prefer the hypodermic injection of the bichloride of mercury, or the biniodide compound solution,* or biniodide pills. If the weather be cool or damp, care should be taken to have the patient well covered with warm clothing, and he should have a full meat diet, avoiding green vegetables or acid fruits, and employing tonics to nourish the system. In the treatment of what is now known as "Heredito-syphilitic" affections of the ear, associated with eye affections, to which a reference has already been made, and which comprises much the largest number of cases—which are almost all the result of the disease being received by the mother and transmitted to the child—it is in this class of cases that almost all of them have some affection of the eyes; in sixteen, six had at one time keratitis, and were liable at times to relapses. There cannot be a doubt in my own mind that there must be a pathological reflex relation between the eye and ear. This may be through the medium of the trigeminus.

1. A man lost his right eye by a wound from a fragment of iron producing traumatic cataract; as a result of this accident he became deaf in the right ear. In 1880 he received a similar fragment in the left eye, and he became deaf in the left ear. He was an

* R Red iodide of mercury.....gt. xvss
Iodide of potassium.....3j-3v
Distilled water.....f3j-f3vj

M. Dissolve and filter, then add simple syrup until the whole measures fifty fluid ounces.

Dose, one tablespoonful, *ter in die*, containing one-seventh of a grain of the red iodide of mercury, and seven and three-quarter grains of the iodide of potassium, may be given three times a day. This preparation, says the late Dr. F. F. Maury, of Philadelphia, has never been known to salivate a patient, and is the best form of administering mercury in chronic syphilitic taint.

* *Pilulæ antimonii composiæ*, U. S. P.

alcoholic subject. 2. A child, aged twelve, was struck by a snow-ball in the right eye; he became deaf in the right ear. Father and mother were syphilitic. 3. A girl, aged eighteen, scrofulous, deaf and almost blind; multiple lesions of the sclerotic, cornea and iris; double iridectomy; sight was restored to the patient and hearing improved. 4. A girl, aged eight, deaf, ocular lesion; iridectomy, amelioration of vision, and diminution of deafness with reserve.

There is also a ready connection between the eye and the throat, through the duct and lachrymal canal to the nose, thence along the Eustachian tube to the middle ear, and then extension to the labyrinth. In this class of cases in children or young persons, if mercury has not been employed, a fair, careful trial must be made with it, in the form of the hyd. cum cretæ, with a small quantity of opium, with children, or even calomel, well guarded; or the use of mercurial ointment; or still better, the oleate of mercury by inunction, followed by syrup of iodide of iron and nourishing diet. The patient usually states that the giddiness and deafness which follow the eye affection are very sudden; but by careful inquiry it will be found that there was some pre-existing deafness. If we have found that the patient has been fully under the influence of the mercurial for a considerable time, then we must resort to the iodide of potassium in large doses, kept up for months, while, under all circumstances, the local treatment of the catarrhal deafness must be attended to. For the dizziness, resort must be had to the bromides, quinine and the hydrobromic acid, being careful not to induce dyspepsia by their use.

CONCLUSIONS.

First.—That syphilitic diseases of the ear are less numerous in the United States than in Great Britain or Europe, and that it is not so frequently a cause of deaf mutism.

Second.—In almost all constitutional syphilitic diseases of the ear in children and young persons it is associated with some affection of the eyes, throat and nose. The deafness which often follows the improvement in the eyes is sometimes profound.

Third.—Persons who have suffered from constitutional syphilis, especially young persons and children, have great impairment of conduction of sounds through the bones of the head. Even in adults with constitutional syphilis the tuning-fork in some instances cannot be heard on the bones of the head or face.

Fourth.—In a few cases the first indication of a syphilitic diseased ear is a primary ulcer in the throat, naso-pharyngeal space, or in the auditory canal, or near the membrana tympani.

Fifth.—Purulent otitis media, or otitis media serosa syphilitica, may occur in utero, or in very young infants, while in young persons and adults we may have congestion of the tympanic mucous membrane from the same cause, ankylosis of the bones of the ear, with bands of adhesion in the middle ear, by extension from the throat to the Eustachian tubes.

Sixth.—Syphilitic disease may affect the most vital part of the internal ear, labyrinth, semicircular canals and cochlea, with hyperæmia, marked thickening and dryness of the membranes of the round and oval windows and vessels which supply the internal ear. There is also disease of syphilitic nature in the auditory nerve, also the brain itself, in the formation of disseminated small nodules within the nerve centres. This form of disease of the ear is most successfully treated by the combined use of pilocarpin and mercury.¹ Another valuable preparation in obscure syphilitic cases is the following:

R Hydr. bichlor. gr. $\frac{1}{2}$
 Acid. arsen. gr. $\frac{1}{4}$
 Ferri pyrophosphat. gr. $\frac{1}{2}$
 M. Divide in pil. No. xxiv. S.—One three times a day.

Care must be exercised in the use of powerful drugs, as there have been cases of jaborandi and pilocarpin-poisoning. Two cases have been reported of poisoning: one from two drachms of the fluid extract of jaborandi (which required no antidote), and the other from swallowing a considerable dose of the fluid solution of pilocarpin used for stimulating the hair, instead of a solution of quinine. In both cases the symptoms were profuse perspiration and

¹ See p. 496, Author's "Manual of Diseases of Ear," for full account of cases.

salivation, dimness of sight, prostration, a sensation of cold tremor and extreme general debility. The treatment of the pilocarpin case was with atropine, which is the antidote.

THE OXYGEN TREATMENT.

BY JOHN AULDE, M.D.,

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IN ALL temperate climates where there is a tendency to the development of consumption, physicians will be called upon to exert themselves while ministering to the wants of patients; so that a few words on the subject of the oxygen treatment will no doubt prove interesting to a large circle of practitioners. The treatment of disease by this method is by no means a new discovery, as the remedy was under trial in Europe a century ago, and twenty years ago or more in this city; but like many other remedies which have preceded it, its great value was not fully understood and appreciated until it got into the hands of the quacks, who advertised it as an universal panacea. It is strange how quickly anything of this character may be boosted into notoriety, which shows conclusively the value of the judicious use of printer's ink. Owing to the generous advertising it has received in the past six or eight years, the oxygen treatment has been regarded as the last resort of the consumptive; and while the quacks gave oxygen inhalations, the regulars gave cod-liver oil. When this final stage was reached, the anxious expression disappeared from the doctor's face, and the patient had but little time in which to offer complaints. But the use of oxygen is not confined to those who advertise, although it must be confessed that they are largely the ones who make the profit; nor is its use limited to the treatment of consumption and wasting diseases. For the most part, my observations have been confined to this class, and as the remedy has done me good service in several cases, it would be selfish to keep the matter secret.

As there is an impression abroad that the use of oxygen in therapeutics requires special skill on the part of the

physician, and that it involves a considerable outlay on the part of the patient, a few words as to the apparatus needed and the expense connected therewith may not be out of place in this connection. The appliances requisite for this purpose I have obtained from the American Oxygen Association of New York, and from a mechanical standpoint, the method is simplicity itself; so that on this score no objections can be offered, and with moderate expense, the best of facilities are at command. Unsatisfactory results, it is true, have attended the efforts of some, but chiefly for the reason that they have been contented with the use of ordinary commercial gas, compressed in iron or copper cylinders, a method strongly condemned by Dr. Wallian, who believes that by this process the gas is to a certain extent devitalized. Observers are therefore cautioned that the best results will follow the use of the strictly nascent or fresh gas, which may be readily prepared, all impurities or deleterious elements being promptly eliminated by the process.

For securing perfectly fresh oxygen, two sources are available. The most convenient, and at the same time least expensive, when but a small quantity is required, is by means of a preparation of hydrogen dioxide (H_2O_2), commonly known as peroxide of hydrogen, which, on being moderately warmed, gives off one equivalent of its oxygen, and in a state so decidedly active as to strongly resemble ozone. Brunton says, "It has therefore been used for similar purposes to ozone. It destroys bacteria and is a powerful antiseptic." This is the method I have adopted for the most part, and although the volume of gas realized is so small as to seem insignificant, it apparently makes up in quality or intensity for the lack in quantity. The other method, recently made available, is by means of a portable generator, which may safely be placed in the hands of the patient or an intelligent nurse, the whole outfit not costing more than twenty-five dollars.

When the peroxide of hydrogen is to be used, the patient is supplied with a bottle of the solution, generally employed in the strength of ten or fifteen volumes, or two to three per cent., in

water, together with an inhaler, the use of which can be explained in a few minutes. A small portion of the dioxide solution is placed in the inhaler along with a little clean water, and heat applied; the evolution of oxygen soon follows, and the patient is permitted to practice inhalation from ten to fifteen minutes two or three times daily; or in case the inhalation is found to be too laborious, five minutes or less will be sufficient, in which case it is advisable to increase the frequency of its administration. The method resolves itself into a pulmonary gymnasium, by which the patient is permitted to inhale pure, warm air, charged with oxygen, while carbonic acid, which ordinarily accumulates in the lungs and causes depression, is thrown off. Frequently I have thought the patients would derive at least some benefit from breathing through clean water, providing they would do it faithfully; but, as a rule, the friends are not satisfied, nor will the patients themselves be prompted to make the same effort without some machinery and medicine which cost money, a sad commentary upon the hygienic work the conscientious physician is ever on the alert to direct. The use of oxygen is therefore, in my opinion, simply auxiliary to the general treatment, and not a specific. Conducted in the manner I have indicated, there is no doubt of its efficiency, and, by keeping this idea constantly in view, much good may be accomplished in the way of relieving many of the unfavorable symptoms which arise in the course of treatment of these cases, which are apparently hopeless from the beginning.

One of the first cases in which it was used under my observation occurred some years ago, and must be classed as a signal success. The patient was a gentleman well up in the sixties, and was suffering from general debility along with chronic gastro-intestinal catarrh. There was also a history of chronic laryngitis, for which tar inhalations had been used with a moderate degree of success; but the most successful medication appeared useless so far as producing any appreciable effect, and as a last resort he was induced to try the oxygen treatment. In a short time there followed marked improve-

ment, and, without other medication, he rapidly gained strength and flesh. About a year and a half ago, there was another break-down, but under the use of oxygen inhalations, together with suitable medication, he recovered, and has enjoyed fairly good health since; yet he is not what we would call robust. The gastro-intestinal affection has not been wholly relieved, although with the aid of digestive ferments he manages to assimilate his food pretty well, and has lately been actively engaged in farming, a business which I advised him to undertake instead of office work, which he had followed for twenty years or more. Sudden changes in the weather affect him unfavorably, but there is no history or indication of any rheumatic tendency; neither is there of gout, although indiscretions in diet occasionally bring him up with a short turn.

Another case which may be mentioned was that of a widow lady, aged 35, who two years previously had buried her husband, his death being due to phthisis pulmonalis. During all the time of his illness, she had given him her personal attention, and when first seen there was a suspicion that she also had contracted the disease. Later observation, however, convinced me that I had to deal with a case of catarrhal pneumonia, chronic in character, although I was strongly impressed with the idea that it would ultimately become catarrhal phthisis. The cough was exceedingly intractable, with great depression of the vital powers. The sputa were thick and tenacious, the color and consistency indicating the breaking down of pulmonary tissue to such an extent that my prognosis could not be other than unfavorable. This information was kept a profound secret from the patient, but the relatives were fully advised as to the probable results of treatment. It may be mentioned here that for the preceding two years she had been under the homœopathic *regimé*, and had been informed positively that she was going the same way as her husband, all of which, no doubt, added to her depression. The fact that she feared this to be the final result was about the only redeeming feature of the case, and I proceeded with the greatest delibera-

tion. Suitable medication with a view to maintain the nutrition was regarded as of the first importance, and the use of the oxygen was attended to faithfully by both patient and nurses. At first, the inhalations could be continued for but a few minutes at a time, but in the course of a week she was able to take the treatment for the space of ten minutes, about four times daily.

Soon after treatment was begun there was rebellion in the camp; the effort required proved rather depressing, and, besides, she had several serious attacks which threatened to terminate fatally. These attacks were characterized by great cardiac pain, dyspnoea and a sense of choking or smothering, and I must confess that on several occasions the end seemed near at hand. They were followed, or rather accompanied, by profuse expectoration of muco-purulent clots of such size that I will not undertake to make any comparison, lest it should appear to be a gross exaggeration. In the course of a month or so, after she was able to sit up in bed, she questioned me very pointedly in regard to her prospects, and while I was tempted to tell her what I considered her true condition, the belief that she would quickly succumb under an unfavorable prognosis prompted me to gloss the matter over, and she appeared greatly relieved. A week later she surprised me with the information that she was to be married, and that her engagement had been determined altogether on my prognosis. Here was a dilemma; but the mischief had been done, and it was then too late to retrench. She followed up the oxygen treatment for the period of two months in all, and was married shortly after treatment was discontinued.

Nearly two years have now elapsed, and with the exception of one attack of illness, which usually attends ladies soon after pregnancy takes place, she has enjoyed fairly good health. What the final outcome of the case will be, I am not at present prepared to say; but certainly the prospects are far from bright. Want of space prevents me from giving any of the details of the system of medication which was carried out, but suffice it to say that the picture is not overdrawn, and I am fully con-

vinced that the inhalation of the oxygen saved her life.¹

About two years ago I saw for the first time a married lady, aged 25, in the last stages of phthisis, who died two weeks later, in whose case I also adopted the oxygen treatment, first by the use of a spray, and later by inhalation. The spray was used simply as a temporary expedient, because the respirations were so frequent that inhalation could not be practised. There was extensive consolidation throughout both lungs, the breathing space being wholly confined to a limited area in the upper anterior portion of the chest; but in the course of a few days after inhalation began, profuse muco-purulent expectoration followed, affording great relief to the embarrassed respiration. The pulse was lowered and became much stronger, but the malady had done its fatal work and she expired from exhaustion. In this case the subjective symptoms were manifestly improved, and the oxygen added more to her comfort in the last days than the previous use of anodynes and Bergeon's method had ever been able to accomplish.

The case of an elderly single lady is worthy of mention, because of the almost immediate relief of "jerky" respiration, which had existed for more than twenty years. The patient had long been a sufferer from chronic catarrhal pneumonia, and had been under my observation for several years. Sometimes it was for the relief of an old diarrhoea which had been lighted up; then it was a bad cough which prevented her from sleeping, and again it was intestinal indigestion. Owing to unnecessary exposure in the winter of 1886-7, she was threatened with acute pneumonia, and was making slow progress towards recovery when I advised the use of oxygen. The suggestion was promptly adopted, and after two days' practice the "jerky" respiration had entirely disappeared. The treatment, along with appropriate internal medication, was continued for two months and she made a good recovery. I do not mean to say by this that the recov-

¹ Patient delivered in July, after a slow labor, and has now fully recovered from the unusual drain on system incident to pregnancy.

ery was perfect, because there were organic changes due to age and disease which will prevent her from ever becoming robust; but she has enjoyed better health since than she had for many years previously. If this patient could have been prevailed upon to take regular breathing exercises in a suitable atmosphere, I do not pretend to say that she would not have done as well as she did under the inhalation of oxygen; but it is exceedingly difficult to secure in this changeable climate a proper atmosphere, and besides the physician is often unable to get the co-operation of the patient without an expenditure of money for the machinery.

A gentleman, aged 32, now under treatment, was seen for the first time about six months ago, at which time he complained of cough, difficulty in breathing, lack of appetite, and an insupportable sense of pain or distress in the throat, directing my attention to the neighborhood of the larynx. For a year previous to this time he had been under the care of several physicians, regular and irregular, and to all appearances he was daily getting worse instead of better. He had not been able to gain undisturbed sleep for a whole hour at a time for more than three months, and as a consequence he was pretty well fagged out. Physical examination revealed the presence of numerous rales, moist and sibilant; but there were no laryngeal ulcerations, although the mucous membrane was very much congested. The circumstances all pointed clearly to a case of phthisis pulmonalis, but there had existed no profuse expectoration, such as we expect to find in cases which have run so long a period.

To relieve the throat symptoms, and if possible the cough at the same time, demanded immediate attention. The physicians who had preceded me had probably exhausted all the anodynes in their futile attempts to overcome the cough, and to increase the dose would only be adding insult to injury. If a single remedy could be found which would answer the purpose, and would not at the same time derange the digestion, which was then in a deplorable condition, I reasoned that we should have a desideratum. I was not slow,

therefore, in taking advantage of the teachings of Professor Fraser, of Edinburgh, who sometime previously had favored me with a copy of a clinical lecture upon "Dyspnœa, especially on the Dyspnœa of Asthma and Bronchitis, and the effects of Nitrites upon it." The patient was ordered to bed at eight o'clock in the evening, and was provided with a one per cent. solution of nitroglycerin to be taken in the following manner: Commencing with four drops dissolved in a tablespoonful of water, he was to take one drop additional every fifteen minutes, until he had taken in all eight drops. The remedy acted like magic, the cough was subdued, he passed a comfortable night, and did not care to rise the next morning till late. The experience of lying in bed and feeling comfortable was a luxury altogether new to him, his condition having been such that he was afraid to go to bed, and was always glad when the first streak of day appeared. So burdensome had life become to this poor man that he said he would willingly die rather than go to bed. On the day following the cough was loose, expectoration free, and he congratulated himself on having made a substantial step towards recovery. The use of this remedy was continued from time to time in small doses until all trouble with the throat had disappeared; but at the expiration of a month his general condition remained the same. Attacks of hectic reappeared at short intervals, accompanied with great depression, and one day it seemed that he was about to breathe his last. At this critical juncture he was provided with the oxygen, and although unable at first to practise inhalation for more than five minutes at a time, and that somewhat imperfectly, he improved under its influence, and the tendency to syncope has disappeared. The use of the remedy was continued for about two months, certainly with benefit, and forms an illustration of its value as an adjuvant to other treatment by procuring more perfect aëration of the blood.

I may add that this patient is still living (May, 1888), but he is scarcely able to do more than dress himself and get around his room with care, his

strength being limited. To the credit of the oxygen, it may be said to have prolonged his life and measurably relieved his distress, while in addition it has evidently had something to do with laying a foundation for more perfect digestion.

Having already far exceeded the limits originally mapped out for the paper, I will only add that other cases of a similar character have been equally benefitted by this method of treatment. The dioxide solution has also proven acceptable when used as a spray in the case of croup; but I have far greater faith in inhalations of the gas than when the above solution is used locally, except that it may be used advantageously as a topical application in ulcers, in diphtheria, and in like affections.

4719 Frankford Ave.

TRANSLATIONS.

ETIOLOGY AND TREATMENT OF YELLOW FEVER.—(GIBIER, in *La France Médicale*.)—In a previous article the result of some researches made upon yellow fever at Havana were presented to the Academy, and he now gives a resumé of all the observations made since.

First. In a very large majority of the cases in which examinations have been made of the blood, bile, urine, the pericardiac serosity and the viscera (with the exception of the digestive tube), there were found no micro-organisms. So that it may be asked if it is not likely that in the rare cases in which microbes are met it is not possible that they were accidentally introduced in the cultures, particularly as the species are *variable*. However, it can be admitted as possible that they may have been introduced into the circulation accidentally by means of intestinal lesions.

Second. The intestines of subjects attacked by yellow fever contain a black or dark matter, more or less abundant and toxic, as shown by experiment.

Third. From this black matter taken from the intestine he has isolated a bacillus, which seems to play an important rôle in the coloration of this substance, if not in the pathology of yellow fever. This microbe blackens the body in which it develops. It is

a bacillus sometimes straight and short, sometimes a little longer and curved. It liquefies gelatine. Inoculation of the intestines of animals (dogs and foxes) with a small quantity of the culture of this liquid, produces grave effects, and even death, with the formation in the intestine of a matter like that found in men dying from yellow fever. The other characteristics of yellow fever are as follows: The cultures exhale an odor *sui generis*, and like that of black vomit. A temperature of 60° C. destroys it in ten minutes; a cold of 10° below zero continued for an hour does not kill it.

Drying in the open air in the shade kills it in twenty-four hours. It cultivates well in sea water and lives at least six months, according to my observation, in contact with ordinary microbes.

A temperature above 20° is necessary to its development.

It does not appear to produce spores. The long, undulating form which it takes in old cultures would seem to class it with the spirilli.

If this bacillus is indeed that which causes the phenomena of yellow fever, the preceding characteristics will explain the fact that this disease is only observed endemically in a certain number of seaports of warm countries, where the soil contains the germ of a malady comparatively unknown at a short distance inland.

Fourth. The constant presence in the intestines of a matter more or less abundantly *toxic*, the early occurrence of gastro-intestinal troubles (vomiting, epigastric pain, etc.), which usually persist during the entire course of the sickness; the brusque onset of these symptoms, the absence of microbes in the blood and in the viscera, other than the intestines, are other characteristics which militate in favor of the intestinal theory of yellow fever, and if this theory is in accord with the facts, the treatment which I have indicated in a conference with the physicians at Havana (repeated purgatives and intestinal disinfectants), should be successful in the disease which it is intended to combat. Inversely, if a grave case in the civil hospital of Havana, to whom this treatment was given with success,

does not remain unique, the intestinal theory of yellow fever may be considered established. *Naturam morborum remedia demonstrant.*

TREATMENT OF ANGINA PECTORIS.—LIEGEAIS objects to the use of pyridine and of antipyrine during the access, because these agents are vaso-constrictors, capable of accentuating the anginose symptoms. He recommends, during the first half of each month, the iodides in doses of 4 to 45 grains, and the latter half of the month two to twelve drops, three to six times daily, of the one per cent. alcoholic solution of trinitrine. This regimen should last from one to three years. Both these agents lessen vascular pressure and facilitate the interstitial circulation of the heart, while the iodides cause resolution of endarteritic or periarteritic lesions if not too deeply rooted.

Under this treatment the mortality has dropped from 90 to 40 per cent. In the same manner should be treated functional angina, or vaso-constrictive from ischemic anemia of the myocardium; the nitrite of amyl during the paroxysm, trinitrine afterwards. The iodides should be used in the angina due to tobacco; recent clinical researches having established that latent sclerotic myocarditis is not rare among nicotines.

Angina from hyperemia of the cardiac plexus, in rheumatism or gout, calls for revulsives over the joints, and salicylate of soda internally, tempered by morphine injections or by a little trinitrine.

Energetic revulsion at the level of the aorta constitutes, with morphine injections, the best treatment of neuritic angina, followed by the iodides. Neurotic angina, during its access, when it is neuralgic and only neuralgic, justifies the injection of morphine; afterwards, we put in operation the multiplied resources of hydrotherapy, and, if the pain is provoked by gastric troubles, the milk diet, bitters, lavage and evacuants, to prevent a return.—

Gazette Méd. de Nantes.

MENDOZA reports, in the *Revue de Laryng.*, etc., a case of epilepsy cured by the ablation of a polypus which occupied the external auditory meatus.

THE INFLUENCE OF CONDURANGO UPON THE SECRETIONS OF THE DIGESTIVE TRACT. (Tchelzew).—This work considers: 1. The action of condurango upon the gastric juice. 2. Its influence upon the secretion of the pancreatic tract. 3. Its influence upon the bile. The experiments were made upon dogs having fistulas. The majority of the dogs had fasted from 18 to 20 hours. The condurango was given to them in a decoction, 15 grammes of the root to 300 grammes of water evaporated to 180°. The author obtained the following results: 1. If the dog had not fasted, the condurango did not produce a convincing effect. 2. On the contrary, in those dogs who had fasted from 18 to 20 hours, condurango produced an increase in the gastric juice. 3. The decoction of condurango undoubtedly increased the secretion of pancreatic juice, and in a very marked degree. 4. The condurango acted also on the secretion of bile, but less upon the pancreatic juice. The result of the experiment shows that the drug had more action on the bile and pancreatic juice than upon the gastric secretion.—*Bul. Gen. de Thér.*

ANTIPYRINE IN A NEW ROLE.

Dujardin-Beaumetz publishes in the *Bul. Gén de Thér.* a letter from Dr. Samedi of Nice, in which he reports the case of a young, vigorous primipara who, having neglected precautions before accouchement, was suffering greatly with cracked nipples and gathered breasts. Having decided to dry up the secretion of milk, for ten days all remedies used were without effect. She was then given antipyrine in daily doses of 50 centigrammes, divided in three powders. The secretion of milk diminished the first day and disappeared entirely the third day.

How does antipyrine act in such cases? The explanation may be found in the theory of metastasis, since antipyrine acts upon the thermo-inhibitory center in regulating heat, dilates constantly the blood vessels of the skin, augments their circulation and lowers temperature.

GRAWITZ records two cases of sudden death in infants, which may have been due to pressure of a large thymus upon the trachea.

ACTION OF RUBIDIUM AND CÆSIUM UPON THE HEART.—Botkine (*Wratch*) finds that the chlorates of these metals increase the arterial tension and slow the pulse.

This slowing depends on an irritation of the pneumogastric center, the peripheral moderating apparatus being equally influenced by these salts.

The increased blood pressure is due mostly to the action on the heart and the vessels.

The difference between the action of these salts and those of potassium is purely qualitative. The salts of rubidium act more powerfully than those of cesium. These salts were tried in ten cases of deficient compensation. The action was feeble, but nothing objectionable was noted. The pulse and the general state were bettered.

The dose was 35 centigrammes of an aqueous solution of chlorate of rubidium five times a day.

—*Bull. Gén. de Thér.*

CRESYLIC ACID.—DELPLANQUE, who has studied this substance experimentally, gives his report in the *Bull. Gén. de Thér.* The following are his conclusions:

Cresylol is a body which possesses powerful antiseptic properties. Its antiseptic power is superior to that of its congener, phenol. In spite of its great antiseptic powers, it is but little toxic, since to kill one kilogramme of rabbit requires four times as large a dose as it does of phenol.

GROGNOT reports a case of oedema of the face and breasts following the injection of one gramme of antipyrine. The swelling subsided in the course of an hour.—*Bull. Gén. de Thér.*

Professor Léon Le Fort strongly combats the idea that the air can transmit disease germs. He believes that such germs are only carried from one patient to another by contact with instruments, fingers, etc. To put his belief to a practical test, he has for some months exposed freely to the air the wounds caused by his operations, among which are included ten amputations and resections. All these and many others have healed by the first intention.—*Journal d'Hygiène.*

TREATMENT OF DIPHTHERIA.—

R	Ess. gaultheria.....	gr. 6
	“ thyme.....	“ 6
	“ eucalyptus.....	“ 10
	Chloroform.....	“ 4
	Ether.....	“ 4
	Ess. turpentine.....	“ 12
	Oil of sweet almond.....	“ 60

M. S.—For atomization.

This is of special use during the access of suffocation. The eyes should be protected by a napkin.

With this treatment the membranes disappear “like a charm.”

The enlarged cervical glands should be rubbed with the following liniment:

R	Iodoform.....	gr. 6
	Ess. menth.....	“ 4
	Powder and add	
	Fl. ext. phytolacca.....	“ 15
	“ water-hemlock.....	“ 8
	Lanoline.....	“ 20
	Camphor pomade.....	“ 60

If the Schneiderian membrane be attacked, finely powdered boric acid should be employed.

—CZARTORYSKI, in *Revue de Thér.*

Dobroklouski states as the result of his experiments upon frogs that grindelia robusta lessens the force of the cardiac pulsations, and that the nervous irritability disappears before that of the muscles. The preparation employed was an American fluid extract. He reserves his final conclusions until the experiments have been repeated upon warm blooded animals.

—*Centr. f. Med. Wiss.*

BARTHELEMY reports, in the *Gazette Médicale de Nantes*, two cases of viper bites successfully treated with hoàng-nân. The daily dose in one case varied from 24 to 18 grains, the entire treatment lasting forty-three days, in which time 210 grains were taken.

In the other case but 90 grains of hoàng-nân were required to effect a cure in five days.

NOCARD, of the Veterinary School at Alfort, at the Congress for the study of Tuberculosis, recommended that no milk should be used without having been boiled. Goat's milk may be accepted, as a tuberculous goat is a pathological curiosity.—*La France Méd.*

The notes from the Philadelphia Clinics and Societies, which have been suspended during the summer, will be resumed in the next number.

PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, SEPTEMBER 1, 1888.

EDITORIALS.

THE YELLOW FEVER IN FLORIDA.

THE situation in Florida at the time of writing is rather ominous. It is doubtless true that the fever has been reported at but few localities, that the number of cases is as yet small and the type of the disease appears to be comparatively mild. But it has jumped from Plant City, in the middle of the Peninsula, over 120 miles to Jacksonville, in the north. From Jacksonville six railways offer opportunities for the spread of the disease through the country, in spite of the impossible quarantine with which the city is surrounded. That all efforts to stamp out the first blaze of the coming pestilence have proved ineffectual, may be inferred from the report that infected houses are being burnt.

The principal lesson taught by the study of yellow fever is the paramount importance of prevention by hygienic measures. In this connection we quote from a report upon the cholera in Calcutta during the present year, as the language is equally applicable to the disease under consideration:

"Most of those who heard the discussion at the Society of Arts must have marvelled that from among the many Indian 'authorities' who, in dealing with the etiology of cholera in India, so often speak with bated breath about influences, waves, etc., passing over the land, there have not arisen more who are strong enough to indicate their discontent with the present state of things, and to demand that before this mystic talk is regarded as affording any suffi-

cient explanation of the terrible mortality of Calcutta, the plain language of a second Simon should be heard, to the effect that in Calcutta, as it formerly was in London, excrement-sodden earth, excrement-reeking air, excrement-tainted water, these are for us the causes of cholera."

Furthermore, one of the speakers said that he thanked God for cholera, which would not be confined to India, but compelled England to do her duty by her Asiatic subjects, in enforcing the same thorough hygiene in India which enables her to dispense with quarantine at home.

The history of yellow fever in South America teaches the same lesson. In Rio de Janeiro the disease is confined to the flat, badly drained sections of the city, while the slopes of the hills are free. At St. Catharine which is built on the steep acclivities of a hill, with good natural drainage, neither yellow fever nor cholera have ever appeared. At Buenos Ayres, the ravages of these diseases have been appalling. This city is built on a low, level plain; the streets were filled in with manure in many instances, while huge abattoirs are located upon the Riachuelo, above the city water works. Many thousands of cattle are annually slaughtered here for their hides and tallow, while the carcasses are thrown into this river to pollute the water and block up the sewer.

We may be sure that wherever an outbreak of yellow fever occurs, the hygienic conditions are at fault. In Florida the sanitary problem is beset with peculiar difficulties. The luxuriant tropical vegetation affords an unlimited supply of decaying organic matter; the flatness of the country, but little elevated above the sea and abounding in swamps, renders it difficult to secure proper drainage. The state is sparsely settled and money is not very plentiful. These considerations, to-

¹ *Practitioner.*

gether with the fact that the season most favorable for the operations of the yellow fever germ is just beginning, lead us to fear that the outbreak in Florida may prove serious.

The duty of suppressing it, however, could not be entrusted to more capable hands than those of Surgeon General Hamilton and his associates. The country will owe them a heavy debt of gratitude if they succeed in stopping the progress of the threatened pestilence.

To us in Philadelphia and other Northern cities there are two duties. The first is to hearken to the first cry for help from our Southern brethren, and to extend to them every assistance in our power. Even from a selfish point of view, it is better to contribute a few thousands in fighting the disease in Florida, rather than allow it to spread over the country. Secondly, we should use every effort to fence ourselves against the enemy by putting our own city in order. Though the danger is still remote, money thus spent is well invested, and brings a good interest, in improving the general health rate.

In another department will be found a resumé of Gibier's investigations upon this disease, which, in some respects, agree with the conclusions reached by Sternberg.

Whether the true cause of yellow fever has been found by them or not, the history of the disease points strongly to a microbic origin. The successes which are reported on all sides from the use of germicides, in the treatment of cholera infantum and typhoid fever, indicate the use of similar agents in yellow fever; especially as the microbe described by Gibier is found *only* in the intestinal canal. The field is most promising, and we may hope that among the salicylates, sulpho-carbolates, naphthol, resorcin, boric acid, and the older germicides, chlorine and sulphurous

acid, an agent may be found which will put an end to the pernicious activity of the *vomito* germ. W. F. W.

PLETHORIC NEURALGIA.

WE have always considered DR. ANSTIE's book upon neuralgia as one of the best examples in existence of the valuable work which may be accomplished when a capable man sets himself down to follow out a single subject to its ultimate ramifications. We have read this book repeatedly, and each time with renewed admiration. But even in it may be seen how great is the tendency of men, no matter how thorough is their scientific training, to see through their own individuality as through colored glasses. Himself a weakly man in physique, Anstie saw only the condition of debility as underlying neuralgia. Hence, his strenuous advocacy of supporting measures. "A neuralgic should eat from one-third to one-half more than ordinary persons," for most neuralgics are anaemic, suffering from privation, overwork and under feeding, worry or grief, and show that lack of balance in the economy which goes by the name of "nervousness," and is invariably a condition of weakness. Stimulants, stimulant doses of sedatives, tonics, blood-makers, these constituted his therapeutical repertory.

In the majority of cases he was right. But there exists another class of neuralgic cases which are distinctly connected with plethora. In one such case we placed a drop of the patient's blood under the microscope, and beside it, for comparison, a drop of blood from pernicious anæmia. What a contrast! The neuralgic's blood was fairly gorged with red globules, which were packed so closely that they could hardly find room to flow; while their deep red hue offered a contrast no less striking to the pallid tint of the

anaemic's corpuscles. What place could there be for "iron, quinine and cod-liver oil," arsenic, phosphorus and wine, in the treatment of such a condition? Nor would it be a whit less irrational to "dab" at the pain with cannabis, antipyrine or theine, while ignoring the state of the blood. In this case all stimulant remedies aggravated the pain, while the bromides in full doses benumbed it. But the true remedy was found in salicylate of sodium, in scruple doses. The first dose gave instant relief, and the second has never failed to remove the pain. The drug was given in the effervescent form, with but little water. A diet of fruit and succulent, woody vegetables, avoiding meat and alcohol, a decided increase in the exercise, with the occasional administration of sulphate of soda, produced an improvement in his condition which multitudinous tonics and neuralgia cures had failed to secure. Our forefathers bled too indiscriminately; we have for twenty years been feeding and toning up quite as generally; and the time is not far off when a reaction will set in.

W. F. W.

THE REACTION IN GYNECOLOGY.

THE laparotomy epidemic shows signs of abating. It has been unusually severe and extended, affecting all classes from the gray haired professor to the callow fledgling upon whose diploma the ink was scarcely dry. For a time it seemed that the only alternative was to spay or be remanded to oblivion.

The history of modern medicine gives many instances of these peculiar "crazes," which periodically affect the profession. Tenotomy flourished thus; transfusion was resurrected with a hurrah, and many other operations have in like manner enjoyed a brief season of popularity and been then relegated to their proper places.

It is probable, however, that each of these waves of professional impulse leaves something of value cast upon the shore after its recession.

How far the ebb of the laparotomy tide will fall is uncertain; but it is safe to say that this operation will be done far less frequently than it is at present. People are beginning to ask for the results of the operation; not the number of recoveries from laparotomy, but the cures resulting from it. Mary Putnam Jacobi shows how this question is pressed by claiming that two years must be allowed to elapse before the failure is admitted.

One patient, who had been under our charge for some time for a cerebral tumor, returned, after an absence of some months, with her ovaries removed! Just how the operator expected the operation to prove beneficial we know not; but as his diploma is not yet two years old, it is to be presumed that his erudition far exceeds that of those who are older in the profession. The patient states that her sufferings are tenfold worse since the operation.

The sound, practical common sense exhibited in Dr. Wathen's remarks on this subject at the meeting of the Kentucky State Medical Society is much to be commended.

From many other quarters the same sound doctrine is now being preached; and the ovariectomist is now, like his predecessors, to be judged by his results; not those he hopes or believes he has secured, but those which he can prove.

ANNOTATIONS.

TREATMENT OF SCROFULOUS GLANDS.—

In the *Lancet*, Treves gives a very useful paper on the above subject. He has little faith in the power of drugs to favorably influence the caseous extravascular contents of such glands. Nor has he much more favor for the opera-

tion of scooping out the contents, and leaving the gland-walls to form chronic suppurating cavities indisposed to heal. Sometimes scooping may be advantageously combined with excision; for instance, after excising a mass of glands, one may be found deeply and immovably fixed, and its broken-down contents may be removed by the scoop.

In the removal of these glands he recommends a careful dissection alone, using no directors, handles or fingers. The knife should cut always on the capsule, the cellular tissue being dissected off cleanly. When sufficient of the surface is exposed, a thread is passed through the gland, which can then be drawn forward as the dissection is continued.

In the subsequent management, he has such reason to dread retention of blood, serous oozing, etc., that he does not venture to suture the skin flaps. He allows the flaps to adapt themselves to the underlying tissues, supporting them by pads of antiseptic cotton.

Strict antiseptic precautions are used in the dressings. The patient's head and neck are fixed by sand bags, and he is not allowed to talk or to move, but is fed solely on liquids. Great healing power exists in the tissues of the neck, as well as great proneness to inflammation from the irritation of drainage tubes or the retention of discharges. It is a part which is powerful alike for good and evil. A drainage tube may advantageously be placed in a gland whose contents have been scooped out, but not in the deep cellular tissue of the neck.

The limitations in the use of absorbents, as well as their true value, were well exemplified in a case recently treated at the Medico-Chirurgical Hospital. The patient had been subjected to a prolonged course of such remedies, with no apparent benefit. Five glands which appeared soft were successively removed by excision. The contents of these were found to be cheesy and quite "extra-vascular." With the removal of these sources of mischief, the iodides began to exert an influence for good and the remaining glands dwindled away.

ALCOHOL AND LONGEVITY.—An English statistician announces that teetotal

lers do not live as long as drinking men, of every degree, from the occasional sipper to the habitual drunkard.

This goes to show the fallacy of statistics. To advance the claim that the use of alcohol lengthens life is to give up the results of observation and the dictates of reason. What can alcohol do for a man in perfect health but interfere with that harmony in his physical condition which constitutes the normal state? As for the effect of alcohol in disease, no statistics taken from a mass of human beings, the sick from many diseases as well as the sound, are of the slightest value.

A CONTEMPORARY whose amateur editor devotes a large part of his valuable time to regulating the affairs of everybody but himself, some time ago came out with a vicious diatribe against "special notices." He never did such things, and consequently nobody else ought to do so. The effect of the snarl was somewhat weakened, however, by the description in his reading pages of a *patented* instrument for physicians' use, accompanied by a cut, evidently furnished by the owner, and an advertisement.

This was but a momentary fall from grace, and as the editor in question believes in allowing his advertisers to take care of themselves, they do so by letting his journal severely alone.

LORD GRANVILLE recently adverted to the fact that the House of Lords appeared to be composed almost exclusively of aged men, and asked the question: "Should gray heads be the main depositories of governing power?" Men of ripe experience, with a wide and extended acquaintance with society, free from minor views of personal interests, can look to public duty as well as to the advantage of their corporate body; they have fixed principles and acquaintance with custom and precedence; they add weight, respectability and continuity of action to the proceedings in which they take part, and they sometimes add wealth by bequests.

Young men have more power of labor. The capacity to analyze proposals and collect evidence are a power for self-reform, so necessary in a corporate body that has a long life and

guards important interests for others. They give plasticity to a council, holding it in harmony with the interests it represents; they protect the body from falling under the rule of its officers. Middle life originates new ideas, while age criticises.

A governing body should be composed of men in all periods of life; social and professional position, and past services receiving due recognition.

THE *Fort Wayne Journal of the Medical Sciences* appears this month as the journal of the National Association of Railway Surgeons.

As such, it has a distinct and important object in presenting matters pertaining to this particular branch of surgery. That railway surgery deserves at least as much special attention as laparotomy, in a country like this, where railroads and their consequences multiply, will hardly be questioned.

The journal will be published monthly, and with such a field of labor, with such men as Outten of St. Louis, Murdock of Pittsburgh, and Jackson of Kansas City as contributors, and Stemen as editor, it can hardly fail to win success.

THE celebrated house of Merck has put into circulation a publication which they claim is not moved by business, but by professional interest. It is styled *Merck's Bulletin*. While it gives some scanty information concerning the new preparations and chemical substances emanating from Merck's pharmacy, scarcely exceeding that which is usually found on the label of a package, it is simply an advertisement of this house. In this it resembles *Squibb's Ephemeris*, differing in that the latter contains infinitely more valuable material, and is sent gratuitously, without any pretence of being an independent journal.

A VERY successful treatment for yellow fever, in vogue in Rio de Janeiro in 1875, consisted in confining the patient to bed, giving him a little water frequently, and nothing else. It was claimed by its advocates that the stomach is in no condition to digest food, and its ingestion only served to bring on the black vomit, which was frequently avoided if the stomach remained empty.

In one case a patient was kept for

seventeen days without food, and recovered.

The results of this system were at that time reported to be remarkably good.

In the report of the State Board of Medical Examiners for Virginia it is stated that three candidates presented themselves from the Medico-Chirurgical College, all of whom failed, two of them failing twice.

On inquiring of the Secretary of this Board, however, we find that but one graduate of this school has ever been before the Board; he having appeared three times, and been rejected each time.

How this unfortunate is made to do duty for three is a mystery; but as the statement is made as above noted, we can only surmise that the objections to the Board made by the Virginia Medical College were not without foundation, and that justice is little likely to rule in its deliberations.

GLASGOW LETTER.

THE FIFTY-SIXTH MEETING OF THE BRITISH MEDICAL ASSOCIATION.

I SHALL not attempt to apologize for dating my letter from this smoke begrimed city, because it has become, for this week, the centre of medical interest in the United Kingdom. The fifty-sixth annual meeting of the British Medical Association, which now numbers over twelve thousand members, began on August 7, when Dr. W. T. Gairdner, Professor of Medicine in the University of Glasgow, welcomed the Association in an eloquent and original address.

OPENING CEREMONIES.

Glasgow, though it has grown rapidly within this century, is not a mere new manufacturing town. Its cathedral was founded in the twelfth century, and dedicated to St. Mungo, a Welsh (i.e., British) missionary, whose name was Kentigern, Mungo being a kind of pet name (*Mun*, dear, and *go*, diminutive, = darling). In this ancient cathedral many members of the Association attended to hear a sermon by the Very Reverend John Caird, D.D., Principal and Vice-Chancellor of the University.

The address of the President, delivered on the evening of the first or preliminary day of the meeting, was a fine performance in many respects; remarkable especially for the courage with which it attacked the attempted revival of apprenticeship. Medicine in England had suffered, down to within the memory of living men, from two divergent faults: the tendency of consulting physicians to be distinguished more as the inheritors of the Hippocratic tradition than as the pioneers of a thorough and modern discipline, such as we now associate with the clinical and pathological study of our art; and, on the other hand, "the very imperfect scientific training of the general practitioner, the early age at which he was often withdrawn from school, the distracting influence of the apprenticeship, and the tradesman-like habits arising from the mode of his remuneration," led to the "survival in England of a kind of polypharmacy, which was, up to a quite recent date, nothing less than a discredit to the whole medical profession in this country."

A great part of the credit for the marked improvement which has taken place he claimed for the Scotch universities, which have always insisted on some preliminary grounding in chemistry, physics and botany. Indeed his whole address was an attack on obscurantism in education, general as well as medical; and he quoted largely from some evidence given by Michael Faraday in 1862, who had been painfully impressed by the failure of the best English school and university education to teach men "judgment in natural ways." The "great deficiency in the power of giving the reason why" has not ceased to be a source of weakness to the ordinary Englishman, and is one of the main reasons why quackery flourishes so luxuriantly (both within and without the profession) among fashionable "Drs." He strongly urged the absolute necessity of giving medical students a grounding in physical science; so that, though the physician be not a physicist, he may be a man trained in the discipline and familiar with the resources of physical science. He abused, and very properly, the miserably one-sided education

given not only in the board schools for the artisan, but in the great public schools where the rich send their sons; and quoted with unconcealed delight the criticism of the old Scotch woman, who, feeling dissatisfied with her son's conduct, said: "Sin' ever he gaed t' the schule, his eddication's been stoppit a'thegither."

Dr. Clifford Allbutt's Address in Medicine was also a brilliant oration. Comparative Pathology is almost a new subject, though it has more than one journal; but Dr. Allbutt already wants to go a step further, and invites the profession to make use of it in the classification of diseases. The study of symptoms and morbid anatomy alone, he urged, could not supply a satisfactory basis for a rational necrology. We must look to the relation of the various diseases of man to each other, and of groups of diseases to other groups. Further, we must compare disease in man with disease in other animals. The geographical distribution, the history or distribution in time, the natural history of disease, the operation of the hereditary principle, and the results of experiment, each and all demanded separate but co-ordinated investigation.

There are two rival schools of medicine—more in reality, but two of importance—in Glasgow. Of the younger aggressive school, Dr. William Macewen was put forward as the champion. He had a veritable triumph; such an ovation as none of the oldest frequenters of the Association meetings can remember.

SURGERY OF THE BRAIN.

Earliest Operations.—The fourth general address, delivered on Thursday morning by Dr. William Macewen, Lecturer on Surgery, Glasgow Royal Infirmary, on the surgery of the brain and spinal cord, was perhaps the most important of all. It showed that this brilliant surgeon has had a longer and more extensive acquaintance with this department of surgery than probably any other living surgeon. In some preliminary observations he observed that the two formidable barriers which had so long delayed the advance of surgery in this direction were (1) the fact that the majority of intracranial operations were attended by inflamma-

tory action which was commonly fatal; and (2) the fact that the brain was a dark continent in which neither path nor guide existed. The development of antiseptic surgery had removed the one barrier, and the growth of a knowledge of cerebral localization, founded on experiment and pathological observation, had cast down the other. He related a series of cases treated by him, dating from 1879 to 1883, in which the modern knowledge and resources had been applied to the treatment of intracranial lesions.

Statistical Summary.—Of 21 cases (exclusive of fractures of the skull or other immediate effects of injury) in which he had operated, there had been three deaths and eighteen recoveries. Of those who died, all were moribund when operated on, two from abscess of brain, in one of which the pus had already burst into the lateral ventricles, and in the other suppurative thrombo-

sphere extensive softening at the seat of contusion and cedema of the brain. Of the eighteen who recovered, sixteen were still in good health, and most of them were at work. One died eight years after the operation, from Bright's disease, being, in the interval, quite well and able to work. The second case died forty-seven days after the operation, from tubercular enteritis; but the abscess had healed.

He gave at some length the details of ten cases; the first seven operated on before the famous case of Dr. Hughes Bennett and Mr. Godlee in 1883, and quoted three others; all ten illustrating various points in diagnosis. These ten cases I have put together in the following table:

A Case of Psychological Blindness.—Dr. Macewen next related a most remarkable case of mania with homicidal impulses, coming on after injury to the head. The fact that there was com-

NO.	DATE.	NATURE OF ABE.	DIAGNOSIS BASED ON.	OPERATION.	RESULT.
1	1876	Abscess of base of second and third frontal convolutions (left).	Right sided convulsions, followed by temporary hemiplegia and aphasia.	Refused.	Death.
2	1879	Traumatic, sub-dural hemorrhage over lower part of fissure of Rolando (right).	Left sided convulsions, beginning in face, followed by hemiparesis.	Trephining; evacuation of 3 ozs. of blood beneath dura.	Complete recovery.
3	1879	Tumor of dura mater pressing on frontal lobe (left).	Recurrent orbital tumor (left). Fixed pupil (left); hebétude; right-sided convulsions, beginning in face and arm.	Trephining; excision of tumor and membranes.	Complete recovery; no recurrence; death eight years afterwards, from Bright's disease.
4	1881	Encysted cerebral abscess of left temporo-sphenoidal lobe; secondary acute abscess; total destruction of lobe; abscess ruptured into lateral ventricles.	Aphasia; paralysis of left third and C. N., and of right brachial and facial muscles, followed by ventricular symptoms.	Trephining; evacuation of several ozs. of pus. Patient in extremis.	Death, from exhaustion and the extensive encephalitis.
5	1883	Traumatic hemorrhage over base of ascending convolutions.	Motor symptoms only.	Trephining; evacuation of blood.	Complete and permanent recovery.
6	1883	Syphilitic tumor of paracentral lobule and plastic effusion at centre of ascending convolution.	Brachio-crural monoplegia.	Removal of tumor and effusion.	Rapid recovery; leaving slight hemiplegia.
7	1883	Local lesion of motor cortex of middle portion of ascending convolution (extravasation with surrounding encephalitis).	Brachial monoplegia	Evacuation.	Complete and permanent recovery.
8		Old traumatism. Cyst in lower part of ascending frontal.	Convulsions of tongue, face and platysma (right) followed by paralysis.	Removal of cyst.	Complete and permanent recovery.
9		Tubercular tumor in upper part of ascending parietal.	Convulsions; protospasm of hallux preceded by sensory impressions and followed by paralysis.	Trephining; incision of gray matter tumors shelled out from white.	Recovery; trephination of right side for one week; no fits since; 1 year.
10		Traumatism. Sub-dural cyst pressing on, and bony spicula penetrating, motor convolutions.	Brachio-crural monoplegia with rigidity; removal of cyst and spicula.	Removal of cyst; replacement of spicula.	Recovery, with slight brachio-crural paresis.

sis of the lateral sinus had previously led to pyæmia. In the third case there was a large subdural cyst on the one hemisphere, and in the other hemi-

plete psychological blindness for a fortnight after the accident—i.e., that, though he could see, what he saw conveyed no idea to his mind—afforded a clue as to

the seat of the lesion. The angular gyrus was exposed, and a portion of the internal table of the skull, which had been detached and was pressing on the posterior portion of the suprameningeal convolution and the anterior portion of the angular gyrus, was replaced in its proper position. He was greatly relieved, the homicidal tendency disappeared, and he was able to work. Dr. Macewen also mentioned a case presenting a very complex series of symptoms, in which a lesion in the temporo-sphenoidal lobe was diagnosed. In the medullary substance of this lobe an abscess was found, and three ounces of pus evacuated. The wound healed under a single dressing.

Prognosis as to Paralysis.—These cases and those already recorded by Mr. Victor Horsley may be fairly taken to prove that, with antiseptic precautions, operations may be performed within the cranium with as little fear as within the peritoneum; and where there is reason to suspect an abscess, "none," said Dr. Macewen, "can hesitate to evacuate the pus." In dealing with epilepsy due to cicatrix or neoplasm, the question is more serious. The removal of a large wedge of brain was not free from immediate danger to life, and, even at the best, hemiplegia must permanently remain. Dr. Macewen related one case in which, after exposing a tumor in the motor area, he came to the conclusion that hemiplegia of a much more pronounced character than already existed would be produced by its excision. He therefore ligatured all the vessels running into the tumor from the surface, in the hope of checking the growth of the tumor. The patient recovered, and the fits had become less severe.

Re-implantation of Bone.—Dr. Macewen strongly advocated the re-implantation of bone removed by the trephine, or comminuted by accident. He carefully preserves all particles of bone, renders them aseptic, divides them into minute fragments and re-implants them. If suppuration can be avoided, the fragments will grow, and the continuity of the osseous wall will be preserved.

SURGERY OF THE SPINAL CORD.

Dr. Macewen said that operations for

the relief of symptoms due to pressure on the spinal cord had been unsparingly condemned on three grounds: (1) that they were difficult, prolonged and attended by profuse hemorrhage; (2) that the operation could hardly benefit the patient; and (3) that no one had been able to present a successful case.

Method of Operating.—The first of these objections might be obviated by careful operation. An incision is made on the tips of the spinous processes, the tendinous connections severed, and the soft parts shelled off with periosteal elevators. Hemorrhage is trifling, and the whole operation, with suitable instruments, though demanding care, was easy to perform.

Prognosis.—Six cases were related in which the posterior arches of the vertebræ were removed. Five of these were cases of angular curvature with ankylosis of vertebræ. Three recovered and were able to walk; having previously been in a condition of complete and hopeless paraplegia. Two died; one a week after operation, the other from general tuberculosis some months after operation. From these two fatal cases Dr. Macewen deduced the lesson that no case should be deemed fit for operation in which the temperature did not run an even, regular and continuous afebrile course. The sixth case was an instance of complete paraplegia due to fracture and depression of the twelfth dorsal vertebræ. The patient eventually made a good recovery, and is now able to walk about with ease. These six cases, the first of which was operated on in 1882, completely disposed of the second and third objections mentioned above.

THE GASEOUS CONSTITUENTS OF THE BLOOD.

The fifth and last general address was delivered on Friday by Professor J. G. McKendrick. The subject was the gaseous constituents of the blood in relation to some of the problems of respiration. He gave a historical account of the growth of knowledge on this head. In dealing with latter day experiments, he laid special stress on those of Paul Bert, which showed that the amount of oxygen absorbed by the blood under increased atmospheric

pressure was very little greater than that absorbed under ordinary conditions.

Effects of Increased Atmospheric Pressure.—The amounts absorbed were, under one atmosphere, 20 per cent.; under two atmospheres, 20.9 per cent.; under four atmospheres, 22.2 per cent.; under six atmospheres, 22.9 per cent.; under eight atmospheres, 23.2 per cent.; under ten atmospheres, 23.4 per cent. The practical deduction made from this was that, in the treatment of disease, it is useless to cause patients to breathe an atmosphere richer in oxygen than ordinary air; because, at ordinary pressure, no more oxygen can be caused to enter the blood, and if it be desired to hyperoxygenate the blood, this can only be done by breathing oxygen under a pressure of three or four atmospheres, in a chamber in which the body of the patient is subjected to the same pressure. As a matter of therapeutic fact, however, I suppose that nobody ever wants to hyperoxygenate the blood; but rather, when the blood is in a condition of deficient oxygenation from failure of lungs or heart, to present to the corpuscles eager for oxygen an atmosphere containing an abnormally large proportion of that gas. A more valuable practical lesson from Paul Bert's experiments has seemed to be that, in giving compressed air baths, it is not of much use *quâ* aeration, to attempt to use such high pressures as have been proposed.

Some Curious Calculations.—Professor McKendrick, taking the number of red corpuscles in each cubic millimetre of blood to be five millions, and assuming that each corpuscle had a superficial area of .000128 square millimetre, calculated that the superficial area of all the corpuscles in the blood of an ordinary man would be about 2880 square millimetres (3151 square yards). This curious calculation helps to impress on the mind the enormous surface for the absorption of oxygen presented by the red corpuscles. Another curious calculation was that the total amount of iron in the blood of an ordinary man was 2.48 grammes (39 grains). As tinct. ferri perchlor. (B. P.), m_{xxv} contains gr. j of pure iron, not many doses are required to introduce into the

body as much iron as exists in the blood.

In the Section of Pathology an important paper was read by Professor Roy, F.R.S., of Cambridge, on a research conducted by him in the Cambridge Pathological Laboratory, with the co-operation of Mr. Adami, into the causes of the failure of the heart from overstrain. Professor Roy observed that it had been long known that a relation existed between the work of the heart and its diseases. Prolonged muscular exertion, like Bright's disease and syphilis, produced high arterial tension. The same result was produced by valvular disease. He described the methods he had employed to raise arterial tension experimentally by compressing the ascending aorta in dogs, and the method of measuring the quantity of blood expelled by the heart at each systole by the plethysmograph. A rise of arterial pressure did not change the amount of blood thrown out by the heart; but diastolic expansion of the heart was more considerable than under ordinary circumstances. When extreme, this produced functional incompetence. Hypertrophy of the heart in plethora might occur without increase of the arterial pressure. Failure of the heart only took place when incompetence of auriculo-ventricular valves, from dilatation of orifices, made it impossible for the heart to throw into the arteries all the blood which reached it by the veins. Increase of arterial pressure, produced by compression of the aorta as described above, produced very interesting anatomical changes in the valves. In six cases out of seven, Dr. Roy had found œdematous changes in the mitral and aortic valves, and also to a less extent of the tricuspid. In the aortic valves these changes were most marked along the semilunar flaps; in the mitral and tricuspid, at the point where the valves come into apposition during systole. The seat of the œdema corresponds exactly with the seat of fibrous thickening observed in Bright's disease and other conditions in which an increase of arterial tension has long continued. The œdema is due to the distension of lymphatics and vascular congestion. There is also, at the same

points, shedding of epithelium, which may account for the deposit of fibrin observed at these points, and for their being the seat of election of endocarditis verrucosa.

It is impossible for one hand to give anything like an adequate account of the proceedings of the twelve sections. The section on diseases of children, which has only been constituted once before, some four or five years ago, was a great success. Dr. Jacobi introduced a discussion on diphtheria, in which Prof. Ranke, Mr. R. W. Parker and Dr. Wm. Macewen took part. There was also a spirited discussion on rickets in this section.

The main topic of discussion in the surgery section was empyema and abscess of the lung, introduced by Mr. T. P. Veale, of Leeds; in the medicine section, syphilitic disease of the nervous system, introduced by the President of the section, Dr. McCall Anderson.

The dinner was a success. The speech of the Rev. Donald McLeod, D.D., proposing the Association, was long and elaborate, but enlivened by a pleasant vein of irony. This was well enough; but Principal Cain, D.D., was also terribly solemn, and Mr. Fitzgibbon, the President of the College of Surgeons, talked a very long time—for twenty-five minutes, it is said—about the grievances of the army medical officers, until the whole assembly was bored to extinction.

DAWSON WILLIAMS.

REVIEWS AND BOOK NOTICES.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES. Embracing the entire range of Scientific and Practical Medicine and Allied Science. Volume VI, by various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M.D. Complete in eight volumes. Price per volume, muslin, \$6.00; sheep, \$7.00; half morocco, \$8.00. New York: William Wood & Co.

The various articles in the present volume of this magnificent work of reference fully sustain the reputation won by those which had previously appeared. The essays are remarkably

compendious and comprehensive, and are freely illustrated. Their style is judicial, but as they are from the pens of writers who are especially known in connection with the various departments, and whose right to speak *ex cathedra* will not be disputed, the fact that the teachings are positive, even dogmatic, will render the work more valuable to the general practitioner. As the various articles are signed by the name of each contributor, the authority of the statement is known; very frequently a pretty full bibliography is added to the long articles, so as to indicate the original source of the facts for those who are anxious to investigate them further. In this volume the articles on Pregnancy (Theophilus Parvin), Professional Neuroses (C. L. Dana), Pulse (C. Baumgarten), Quarantine (Charles Smart), Rabies (Albert N. Blodgett), Reptiles (H. C. Yarrow), Resection (Leroy M. Yale), Respiration (S. H. Gage), Sanitary Inspection (Wm. H. Ford), Duties of Sanitary Inspectors (F. N. Owen), Scarlet Fever (I. E. Atkinson), Schizomycetes (Meade Bolton), Secretion (W. H. Howell), Sewage (Wm. Oldright), Spectacles (John Green), Sphygmograph (Baumgarten), Syphilis (J. Nevins Hyde), and that upon the Teeth (Wm. Henry Potter), attract special attention by their completeness. We also notice the admirable work in the numerous short articles on *Materia Medica*, by W. P. Bolles; Therapeutics, by Edward Curtis, and on Skin Diseases, by Van Harlingen. We heartily commend this book to our readers for their critical examination.

ENCYCLOPEDIA OF OBSTETRICS AND GYNECOLOGY. In 12 volumes. 8vo, cloth. William Wood & Co. 1887.

The activity of workers in this department of medical science can be judged not only by the number of books that have appeared of late, but also by the quality of the material, which reveals great industry and technical skill. The editor of this encyclopædia, Dr. Egbert H. Grandin, of New York, has shown much skill in preparing the matter for the press, and by various judicious annotations; but especially by his valuable contribution upon

Electricity in Gynæcological Practice, which is contained in Vol. V. The various contributors to the encyclopedia are Charpentier (Obstetrics, 4 vols.), Hegar and Kaltenbach (General and Operative Gynecology, 2 vols.), R. Chrobak (Gynecological Diagnosis and Therapeutics), R. Olshausen (Diseases of the Ovaries), Billroth (Diseases of Female Mammary Glands), Gusserow (New Growths of the Uterus), F. Winkel (Diseases of Urethra and Bladder), A. Breisky (Diseases of Vagina), P. Müller (Sterility), E. Berner (The Menopause), L. Bandl (Diseases of the Tubes, etc., Extra Uterine Pregnancy), and P. Zweifel (Diseases of the Genitals, Lacerations of the Perinæum). The several works are freely illustrated, and are valuable additions to the physician's library.

ABDOMINAL SURGERY. By HAL C. WYMAN, M.S., M.D. Published by Geo. S. Davis, Detroit, Mich. Price 25 cts.

This is the latest number of the Physicians' Leisure Library. It details the author's experiments, made upon dogs and other animals, for the purpose of studying abdominal surgery.

The anti-vivisectionist will find in these pages plenty of material to fortify his position; the critic who seeks faults alone will also find scope for his pernicious activity, in the careless manner in which the book is written, the rhetorical lapses, the lack of dignity in thought and expression, and in the proving, which is not up to the standard of Mr. Davis' publications.

Medicine is a serious affair; the profession is honorable in the eyes of men, and it is proper that works written for the edification of brother physicians should be couched in suitable phraseology. Still there is a certain sense of relief, from the reviewer at least, when he meets a work which departs from the general uniformity. While the term "belly rippers" is not very elegant, there is no denying that it is graphic, and that it strikes the consciousness with a little of the rude vigor of the great West.

But these are non-essentials; and the true question is, Has the author given us anything of value in his book? He details numerous experiments upon dogs,

from which he makes various deductions upon points to be observed in operations upon the human subject. The brutes are tortured in a way which must be repulsive to every humane man; but we cannot deny that we believe Dr. Wyman is a better surgeon for having done this thing, and that we would have more confidence in his ability to operate successfully than if he had not.

One of the most valuable hints to be found in the book is that recommending the excision of a wedge-shaped piece of the mesentery when the corresponding portion of the intestine is removed. This permitted much better coaptation of the intestines, and the hemorrhage was more readily controlled, fewer vessels requiring ligation. We sincerely trust that the horrid cruelties depicted in these experiments may bear fruit in the relief of human sufferings and the saving of human lives. Otherwise they are inexcusable.

PAMPHLETS.

ANTIPYRINE. By Benjamin Marshall, M.D., San Francisco, Cal.

THE ISCHIATIC CRUTCH. By A. B. Judson, M.D., New York.

CONSERVATISM IN GYNÆCOLOGY. By A. Reeves Jackson, A.M., M.D.

REPORT FOR THE YEARS 1886-7 AND 1887-8 OF THE OBSERVATORY OF YALE UNIVERSITY.

THERAPEUTICS OUGHT TO BECOME A SCIENCE. By William Sharp, M.D., F.R.S., London.

TREATMENT OF PENETRATING GUNSHOT WOUNDS OF THE CRANIUM. By Joseph D. Bryant, M.D.

ON EXERCISE FOR PREVENTION AND CURE OF DEFORMITIES. By A. H. P. Leuf, M.D., Philadelphia.

STRICTURE OF THE URETHRA; URETHROTOMY UNDER COCAINE ANÆSTHESIA. By Henry J. Reynolds, M.D.

A NEW METHOD IN THE TREATMENT OF THE VEGETABLE PARASITIC DISEASES OF THE SKIN. By Henry J. Reynolds, M.D.

THE ORTHOPEDIC TREATMENT OF PARALYSIS OF THE ANTERIOR MUSCLES OF THE THIGH. By A. B. Judson, M.D., New York.

THE HISTORY OF ABDOMINAL SECTION IN ALBANY, WITH A REPORT OF SEVENTY-FIVE CASES. By Albert Van der Veer, M.D., Surgeon.

CRIMINAL ABORTION, OR FETICIDE. By H. C. Ghent, M.D., Belton, Texas. Reprint from the Transactions of the Texas State Medical Association, Galveston, 1888.

THE TRADITIONAL ERRORS OF SURGERY. The Presidential Address at the Thirty-ninth Annual Session of the Medical Society of the State of Pennsylvania. By R. J. Levis, A.M., M.D.

ABSTRACTS.

THE STORAGE OF LIFE AS A SANITARY STUDY.¹—The problem was shortly stated as follows: Certain proofs of the power of the human body to lay or store up life to a prolonged period are admitted. What are the conditions which favor such storage, and how can we promote such conditions?

The conditions were stated in the following order: (1) Hereditary qualifications. (2) The virtue of continence. (3) Maintenance of balance of bodily functions. (4) Perfect temperance. (5) Purity from implanted or acquired diseases.

Many details of the effects of heredity were supplied, amongst others that if the ages at death, from natural causes, were obtainable of the parental lives of a man or woman through three generations, the average of their ages—the sum total of them divided by six—might be accepted as the commercial value of the last life. To this rule there were some variations, to the effect that taking the age of sixty as a medium point, the value of the last life was less under that point, greater above it. From this topic the lecturer passed to the study of temperaments as connected with life storage, showing that the bilious and sanguine temperaments are the best for long life; the nervous and the lymphatic the worst.

In treating on the virtue of continence as an aid to long life, Dr. Richardson's argument went completely against

the grosser advocacy of the Malthusian doctrine. He maintained that under a proper sanitary and healthful régime there would be no danger of, nor trouble from, over-population; that all artificial means to suppress population, even if they succeeded in respect to reduction of numbers, would lead to the development of a feeble race—a process of bad sanitation. The work of the sanitarian, as it is now in progress, is the best calculated to ensure this success, without recourse to any extreme or doubtful method.

In the third division of his discourse, the speaker dwelt on the sustainment of balance of the working organs of the body as a means of keeping up the storage of life. A body comparatively weak, but with all the organic structures in good balance, is calculated to live longer than a finely made body with one even of its vital organs enfeebled or diseased. Hence the importance of proper and scientific training of both mind and body, training that should become part of the education of every child in every school in the land.

The fourth topic considered brought under consideration what the author called perfect or all-round temperance; temperance in speech, action, thought, as well as in matters of eating and drinking. We may consider that whatever quickens the action of the heart beyond its natural speed and force, is a stimulant; and, in proportion to the unnatural tax inflicted by it is a reduction of the storage of life. This was illustrated from many points of view, the prime lesson advanced being that every luxurious mode of life, like every fast mode, is of a certainty a shortener of the natural term, even in those who, by the advantage of belonging to a long-lived stock, are naturally fitted for good storage. All luxuries, therefore, are bad for long life; and the luxurious use of stimulants of every kind is detrimental, the alcoholic stimulants being without concealment the most injurious.

The prevention of the damaging diseases formed the last subject of study. Here the art of the sanitarian comes into most effective play; and whoever in the sanitary line of research helps to remove these impediments by getting

¹ Abstract of an address delivered by Dr. B. W. Richardson before the Sanitary Institute of Great Britain.

at and removing their causes, is one amongst the truest friends of humanity, and one who is assisting especially in the storage of life, which must be laid up in the first and retained in the last stage.

—*Med. Press.*

OVARIOTOMY.—At the last meeting of the Kentucky State Medical Society, Dr. Wathen outlined very clearly his position upon this subject—one which commends itself to every thoughtful man. He referred especially to cutting open the abdomen to remove healthy tubes and ovaries, because there were a few vague neurotic symptoms which had not yielded to an imperfect treatment; or to cure epilepsy which had no direct or positive relation with the generative organs; the destruction of the distinctive organs of a woman to satisfy an imperfect diagnosis and a faulty pathology, or the ambition of the operator; the removal of an important part of woman's machinery, which regulated the symmetrical and harmonious action of the various organs of her body; a woman's life, as it had been expressed by Dr. Jackson and Dr. Bigelow, poised between heaven and earth, without the possibility of doing any good; a woman's life sacrificed on the operating-table. He doubted whether there was one case in a hundred of removal of healthy ovaries or tubes that was a justifiable operation. The removal of healthy ovaries or tubes to cure epilepsy or vague nervous diseases not referable to irritation of the pelvic organs was not more consistent than the castration of a man for similar purposes; but who would have the hardihood to do the latter under such conditions? The statistics of these operations were faulty. The successful operations were usually reported too soon to judge of a permanent improvement; the patient might improve for a while, but then relapse into a worse condition than existed before the operation. It was well known to surgeons that many persons felt temporarily improved from the mental shock or impression of a surgical operation. These reports were not valuable except in cases where the condition of the patient had been carefully noted for several years after the operation, and all the facts honestly related. Dr.

Robert Battey, in a report to the American Gynecological Society, in September, 1887, of fifty-four cases of "Battey's operation" which ended in recovery, had shown conclusively the worthless character of reports made just subsequent to the operation; in very few cases were there immediate positive changes, and the majority of patients passed through various climacteric disturbances, and the abnormal symptoms did not disappear till from one to five years. In the reports of the late Professor Schroeder, of Berlin, it appeared that some of the patients who had at first apparently been benefited soon retrograded into a condition as bad as or worse than existed before the operation. Hegar had not met with that success that his early experience had indicated. But this surgical craze was not confined to cutting out the ovaries and tubes, but extended to the abdominal or vaginal hysterectomy for uterine tumors or malignant disease of the uterus. These operations were the most heroic and dangerous in surgery, and should never be performed until other less dangerous means of treatment had been exhausted, and one was satisfied that the removal of the uterus and its appendages would give the woman the best chances of recovery. The speaker did not believe that hysterectomy for carcinoma or sarcoma of the uterus was often a justifiable operation, and certainly it was not if there was any involvement of the peritoneum or pelvic tissues or a discernible infection of the system. His friend, Professor August Martin, of Berlin, was probably the best authority on the success of this operation; and, while some of his results were apparently encouraging, the majority were not so. Dr. A. Reeves Jackson, of Chicago, had written a great deal to show that hysterectomy for cancer had destroyed many years of valuable life. Better results had followed hysterectomy for fibromata of the uterus; and, if the patient recovered from the immediate effects of the operation, she was usually much improved or entirely cured. Dr. Keith, as an authority in this operation, had no superior, and probably no equal, and while he had formerly operated often, he seldom did so now, and maintained that no one was justified in performing

hysterectomy for fibromata until he had exhausted other valuable means of treatment, and especially carefully used electrolysis after the manner of Apostoli.

—*N. Y. Med. Journal.*

TREATMENT OF YELLOW FEVER.—In the *New Orleans Medical and Surgical Journal*, Dr. R. H. Day contributes a paper upon yellow fever, from which the following abstract is taken:

First in importance he places the duty of reassuring the patient, and increasing his will-power. "Yes, you can recover if you will be a man and dismiss these hurtful and foolish fears." If the skin be hot or dry, he recommends a hot mustard foot-bath, with warm drinks; care being taken not to push the sweating too far.

If the stomach be full, an emetic of warm water is given. After the operation of this, mustard is applied over the stomach, and small doses of mint or of morphine with soda given, while the face is frequently sponged with spirituous lotions. If a cathartic be needed, he objects strongly to castor oil, preferring enemata or senna and magnesia.

When the attack is ushered in by violent cerebral symptoms he bleeds freely until the brain is relieved. "To trust to revulsives and sedatives in such extreme cases were certain death."

For the septic condition of the system he prescribes a scruple of calomel and 30 to 40 grains of quinine, divided into four parts; one to be taken every four hours. This is given in the hot stage, as early as possible, unless cerebral complications oppose the use of quinine.

Nausea calls for a blister to the epigastrium, with ice or cold water moderately; sometimes a little creosote with morphine, soda and mint water.

Morphine or Dover's powder may be needed for insomnia.

Cerebral hyperemia occurring later, calls for the bromides, with cold to the head. In one case the patient was saved by opening the temporal artery.

For black vomit or hemorrhages he uses the tincture of iron, in teaspoonful doses, perhaps, with ice and champagne or cognac.

Suppression of urine he treats by

cupping over the kidneys, and stimulating liniments with digitalis.

The mortality under this treatment was from 3 to 3½ per cent.

He values the curative powers of quinine highly in non-malarial fevers, basing his opinion on an experience of over fifty-six years of active practice.

COBALTO-NITRITE OF POTASSIUM.—ROOSEVELT has made some experiments (*N. Y. Med. Journal*) upon this substance as compared with trinitrine. In one case, where the two were given alternately, the effect of the cobalt salt was more lasting as regarded relief from dyspnoea (a case of uræmia), and it produced no fulness, throbbing or pain in the head, while nitro-glycerine caused a great deal.

In another case, neither gave relief, but vomiting followed the ingestion of the cobalt.

In the third case the salt gave absolute relief and produced no vomiting. A fourth case presented head symptoms but no dyspnoea; and while there was an improvement following the use of cobalto-nitrite, it is uncertain whether the medicine was to receive the credit.

The dyspnoea of emphysema was completely relieved in one case, without the headache which followed the use of trinitrine.

In dyspnoea from valvular disease, no good resulted.

The writer thinks the salt worthy of trial in all cases in which the nitrites are now used.

METHYLENE.—Buxton writes to the *British Med. Journal* to show that the methylene praised by Sir Spencer Wells is composed of four parts of methylated chloroform and one of methylic alcohol. It should never be given in higher percentage than 4 to 100 volumes of air. True bichloride of methylene is not an anæsthetic, but a deadly and rapid poison. As Dr. Buxton is anæsthetist to University College Hospital, his opinion is deserving of high consideration. The dangers of methylene (so called) are the same as those of chloroform, and to be guarded against in the same manner. At any rate, in choosing between two anæsthetics, it is to be remembered that the one with which one is most familiar is apt to be the safest in his hands.

TREATMENT OF DIPHTHERIA.—RAYE gives the details of his treatment in 34 cases of diphtheria. All these recovered, though one-fourth of them were very severe. If laryngeal breathing be present, he applies large very hot sponges to the neck, changing as they cool. The throat is sprayed with sulphurous acid, 3ss to 3j; syrup, 3iij to 3iv; water to 3vj or 3vii. This is used for four minutes every one to four hours. A drachm of sulphurous acid, with or without quinine or chlorate of potash, is given at intervals of one-half to four hours. Carbolic steam is kept about the patient. Plenty of liquid food is given, with wine, bark or brandy, as needed. When the acute stage is over, iron, quinine and cod liver oil, or strychnine, are given. For children, about three years old, the dose of sulphurous acid is reduced to about three to six drops; though it is difficult to be exact, owing to the wretched manner in which the prescription is put together.

The results are good, and we are inclined to believe that sulphurous acid is a valuable antiseptic in diphtheria; perhaps ranking next to nascent chlorine.

RESORCIN IN SUMMER COMPLAINT.—FLIESBURG contributes a paper to the *N. W. Lancet* upon the use of antiseptics in the summer diarrhoeas of children. He enumerates calomel, carbolic acid, salicylic acid, naphthalin, thymol, resorcin, acids and terpine.

Of these he prefers resorcin, considering it the antiseptic, *par excellence*, in all diarrhoeal discharges, not only of childhood, but of adult life. He gives the following formulas:

R Resorcini.....0.05
Saach. lactis.....0.20
M. S.—To be taken every two or three hours.
R Resorcini.....0.10
Bismuth. subnit.....0.20
M. S.—Every three or four hours.
R Resorcini.....2.00
Aq. rosarum,
Syrupi.....āā.....30.00
M. S.—3j every one to three hours.

The dose of resorcin varies from three to fifteen centigrammes, according to age.

CAFFEINE SUBCUTANEOUSLY.—

R Sodii benzoat.....gr. xlv
Caffeinæ.....gr. xxx
Aque destill.....3 iss
M. S.—For injections.

—Huchard.

ON THE LOCAL TREATMENT OF DYS-ENTERY.—Surgeon-Major DOBIE writes to the *Lancet* in praise of enemata of nitrate of silver. "When the stools are frequent, consisting of flakes of mucus, stained with blood, and the patient is suffering torments from straining, then it is that the nitrate of silver enema gives an extraordinary amount of relief." He recommends ten grains of nitrate, with six ounces of water, for each enema. It matters little whether the enema is retained or not. It may be repeated thrice daily, if needed. Acute and chronic cases are equally amenable to this treatment.

The author does not state at what temperature the enema is given, but as he writes from an experience obtained in India, it is probable that the water he used was warm.

OINTMENT BASES.—If a penetrating ointment base is desired, as in acne, psoriasis, certain forms of eczema, alopecia, etc., the best base is lard, suet, or lanolin, or a mixture of two or more of these. If protection and a moderate amount of penetration and softening are desired, as often in subacute conditions, then cold cream, or any of the above, mixed with petrolatum, may be prescribed. On the other hand, if simple protection is aimed at, as in zoster, pemphigoid diseases, burns, etc., then petrolatum, unguentum diachyli, alone or mixed with cold cream or lard, may be employed. If it is desired to emphasize the action of the remedy incorporated, and at the same time employ a base active in itself, as in thickened eczematous patches, in collosities, slug-gish forms of acne, and the like, then recourse may be had to mollin and sapo viridis. —STELWAGON, *Phila. Clinical Society*.

TREATMENT OF YELLOW FEVER.—Major Sternberg recommends the following:

R Sodii bicarbonatis.....gr. cl
Hydrarg. chlor. corros....gr. $\frac{3}{10}$
Aque.....O ij
M. S.—About 1½ oz. to be given ice cold, every hour.

Twelve cases treated with this formula recovered; of eight cases treated in the same institution by other methods, five died. —Therap. Gazette.

CATARRHAL JAUNDICE.—KITRELL reports in the *N. Y. Med. Record* five cases of jaundice successfully treated by the administration of drachm doses of soda phosphate, *ter in die*, and the external application of dilute nitromuriatic acid over the liver.

The treatment is not new, the use of the acid locally being an old Navy expedient; but it is often efficient.

APPENRODT warmly commends massage in the treatment of chronic leg-ulcers. The limb is rendered aseptic, then light effleurage is made below the knee, reaching gradually downwards; using light pressure.

The appearance of lymph exudation about the ulcer is the first good omen.

The best material to employ in massage is lanolin; which is also used as a dressing after the massage.

The treatment must be continued long after the cure, to prevent relapses.

The limb should be used freely during the treatment.—*Brit. Med. Jour.*

FOR GASTRODYNIA.—Insist upon a sufficient supply of good, nutritious food being taken, and if necessary use the stomach-pump.

R Cocainæ hydrochloratis.....gr. 1-12
S.—To be given every hour, before food.

R Ferri sulphatis.....gr. ij
Acidi sulphurici.....m℥ xv
Magnesiæ sulphatis.....gr. xl
Aque menthe pip.....f ʒ j

M. Ft. ut Sig.—Thrice daily. Light, solid food every hour, not exceeding two ounces. No fluids. No vegetables or fruit. Ice to relieve thirst.

—SAUNDBY, in *Prov. Med. Jour.*

DANGER OF FREE DRINKING IN CARDIAC WEAKNESS.—BARR, in the *Provincial Medical Journal*, calls attention to the necessity for limiting the imbibition of fluids in cardiac weakness. When the heart is feeble, or there is a mechanical obstacle to the circulation, the fluid accumulates in the vessels, dilutes the blood, hydrates the tissues, lessens osmosis and increases the work of the heart by augmenting the mass of the blood. Every drop of liquid taken in the stomach must pass through the right heart, except the little that passes by the bowels, and all but that which is exhaled by the lungs must pass the left heart before it can be excreted.

PETER (*N. Y. Med. Jour.*) calls attention to a pulsation over the kidneys, with diminution of urine, as a symptom of Bright's disease. He urges the importance of frequent examinations of the urine in pregnancy, scarlatina and all infectious diseases. He differs from Mitchell, in advising that milk be given, with other light food, instead of the exclusive milk diet. He recommends iodide of potassium in doses limited to one gramme per day. He uses the actual cautery, applied over the kidneys, whenever pulsation is felt or albumen appears in the urine.

DIAGNOSIS OF GASTRIC AFFECTIONS.

	CANCER	ULCER	GASTRIC CATARRH	ATONIC DYSPESIA	GASTRODYNIA	SYMPTOMS
	Cutting Epigastrium Aft. 1 or 2 hrs.	Acute stabbing In one spot Immediately	Burning soreness Behind sternum After 2 or 3 hours	Dull, heavy Epigastrium Aft. 1 or 2 hrs.	Dull, heavy Epigastrium Immediately	Character of Pain.....
	Usually	Usually	None	None	Sometimes	Locality.....
	Usually	Usually	Often some retching	None	Usually	Incidence.....
	Usually	Usually	None	None	None	Tenderness.....
	Variable	Clean	Furred	Clean	Clean	Vomiting.....
	Usually	None	None	None	None	Hamatemesis.....
	Usually over 40	Usually under 30	Any age	Any age	Usually under 30	Tongue.....
	Usually male	Usually female	Either	Either	Usually female	Tumor.....
						Age.....
						Sex.....

—SAUNDBY, in *Provincial Med. Journal*.

MISCELLANY.

THE JANITOR AHEAD.—*Philosophy is not all Nervousness.*—Dr. Garretson had concluded a lecture in which the resurrection of the body was discussed from a physiological standpoint, argument being directed to show that the astral of theosophic language is quite as much a form of matter as is the corpus of an

anatomist, and that thus it is alike philosophical to both deny and accept that man rises again. Arguments of the kind would necessarily soon perplex one unacquainted with premises on which the order of reasoning is founded. So it is not to be wondered at that one of the hearers of the lecture, the colored janitor, who is more apt to be found inside than outside the door on the occasion of these discourses, gave up and sought relief in his broom and dust brush.

"Too much for you to-night, was it, Hamilton?" asked a student passing the janitor in the hall.

"See here, boss," said the janitor, "dem was big words, and no doubt clar enuf to the boys, but what's you got to say to dis dat I hurd down to Zion t'other night:

"If a man sits down on a pin
Its sartin sure that he'll rise agin."

It is not reported what the student said.

THE SECOND TRIENNIAL SESSION of the International Congress of Hydrology and Climatology will be held at Paris, in 1889, in the early part of October. The committee of organization consists of M. E. Renou, Drs. Danjoy, de Ranse, Caulet, Fines, Japhet, Lemoine, Leudet, MM. Piche, and Poincarre, Drs. Tillot and Schlemmer.

The programme will be announced later. In the meantime, the attention of those who intend to participate is directed to the following questions:

I. HYDROLOGY.

A. Scientific.

1. Precautions to be observed in determining precisely the temperature of thermal springs.

2. Micro-organisms contained in mineral waters, and their influence on the composition and properties of these waters.

3. The influence of bacteriological discoveries upon thermal therapy.

4. Programme for teaching hydrology.

B. Medical.

1. Resources which thermal therapy affords in the treatment of diseases of the heart and blood vessels.

2. Resources which this therapy

offers in the treatment of kidney diseases.

3. Hydromineral treatment of grave utero-ovarian neuralgias;

4. of osseous and articular tuberculosis.

5. Hydromineral treatment and sea-baths for children.

6. Dry and wet stoves (technique and application).

7. Local douches in hydrotherapy.

II. CLIMATOLOGY.

1. Conditions which should rule at the institution of a meteorologic observatory.

2. Rules for the provision of time. Organization of the announcement of time in sanitary stations.

3. Climatology of different sanitary stations.

4. Comparison and classification of sanitary stations from the point of view of their climatological conditions.

5. Action of the climates of elevated regions upon diseases of the chest.

6. Action of maritime climates on tuberculous affections.

7. Programme for the teaching of climatology.

The congress will be composed of honorary and regular members, national and foreign. The regular members pay an assessment of twelve francs. Communications should be sent to the Secretary General, M. le Dr. de Ranse, at Paris, 53, avenue Montaigne, from Oct. 1 to June 1; at Nérès (Allier), from June 1 to Oct. 1.

AN ACT TO PERFECT THE QUARANTINE SERVICE OF THE UNITED STATES.

Extract from Quarantine Act of August 1, 1888.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That whenever any person shall trespass upon the grounds belonging to any quarantine reservation, or whenever any person, master, pilot, or owner of a vessel entering any port of the United States, shall so enter in violation of section one of the act entitled "An act to prevent the introduction of contagious or infectious diseases into the United States," approved April 29, 1878, or in violation of the quarantine regulations framed under said act, such person trespassing, or such master,

pilot or other person in command of a vessel shall, upon conviction thereof, pay a fine of not more than three hundred dollars, or be sentenced to imprisonment for a period of not more than thirty days, or shall be punished by both fine and imprisonment, at the discretion of the court. And it shall be the duty of the United States Attorney in the district where the misdemeanor shall have been committed to take immediate cognizance of the offense, upon report made to him by any medical officer of the Marine Hospital Service, or by any officer of the customs service, or by any State officer acting under authority of section five of said act.

Section 2. That as soon after the passage of this act as practicable, the Secretary of the Treasury shall cause to be established, in addition to the quarantine established by the act approved March 5th, 1888, quarantine stations as follows: One at the mouth of the Delaware Bay; one near Cape Charles, at the entrance of the Chesapeake Bay; one on the Georgia coast; one at or near Key West; one in San Diego harbor; one in San Francisco harbor; and one at or near Port Townsend, at the entrance to Puget Sound; and the said quarantine stations when so established shall be conducted by the Marine Hospital Service under regulations framed in accordance with the act of April 29th, 1878. * * *

Approved August 1, 1888.

THE N. Y. *Medical Journal* says that a person tried to bring a man out of an epileptic paroxysm by pouring cold water into his mouth. After a slight struggle, the patient sank back apparently dead, whereupon the amateur doctor became intensely anxious and placed his ear at the mouth of the patient, who immediately proceeded to chew it up.

The man with the masticated ear now leaves medical practice to the regular faculty.

QUININE WITHOUT BITTERNESS.

B Quin. sulphat. gr. viiss
 Acid. sulphuric. dil. q. s.
 Ess. menthæ. gtt. v
 Liq. saccharin. 3 iiss
 Aque destil. q. s. ad. 5 iij

M.

—*Revue de Thèr.*

LAWSON TAIT says that the vaginitis of newly-married women is often due to the lighting up of an old gonorrhœa in the husband by over-indulgence. When the disease has not extended to the uterus, he recommends brushing the whole surface with a mixture of equal parts of glycerine and carbolic acid, followed by the use of some simple astringent pessary, as acetate of lead or sulphate of zinc.

—*Provincial Med. Journal.*

[For this condition we have long relied upon the soluble tampons containing sulpho-carbolate of zinc, introduced by Dr. W. Thornton Parker.]

TREATMENT OF DYSPEPSIA.

To relieve congestion:

R Ammon. carb. 3ss-3j
 Magnes. sulphat. 3ij-5vj
 Tr. belladon. 3j
 Tr. nucis vom. 3j
 Tr. zingib. 3ij
 Sp. etheris chloric. 5ij
 Aq. menth. pip. ad. 3vj

M. ft. mist.

S.—3ss every four hours.

For flatulent colic:

R Sp. ammon. com.
 Liq. ammon. acet. aa. 3 iij
 Ether. chlor. 3 ij
 Tr. zingib. 3 ij
 Tr. belladon. 3 j
 Aq. menth. pip. ad. 3 vj

M. ft. mist.

S.—3j p. r. n.

—ILLINGWORTH, in *Med. Press.*

EVIDENTLY the Germanophile is not unknown in England, since the Medical Press gets off the following: "We are confident that misleading ideas of the value of drugs can be corrected only when the profession determine to honestly publish failures and successes. Then really valuable drugs will come to be quickly recognized, and worthless ones put aside, even though they are the discoveries of Germans and the product of German manufacture."

A FATAL case of camphor poisoning is reported in the *Australian Medical Journal*. The patient was in the habit of nibbling at the drug, and carried it in her pocket. Nothing distinctive was discovered at the autopsy except a slight cerebral congestion. The quantity of camphor found in the stomach was very small.

THE *Lancet*, in its investigation of the sweating system, has found a case in which a woman receives just forty cents a week for her labor. Truly, as our London correspondent recently remarked, the purchasing power of money is greater in England than it is here. But that nothing is quite as cheap as human flesh and blood is shown by the fact that this woman's earnings scarcely paid her rent, without allowing anything for her food, clothing, etc.

THE PERFECT VAGINAL TAMPON.—According to Dr. Robert T. Morris, in the *New York Med. Record*, this consists in an elastic cylinder of wool, 1 inch by 2 to 3, covered with $\frac{1}{4}$ inch of absorbent cotton, except at one end, where the wool projects. The affair is held together by thread. The tampon is dipped into Wylie's solution (alum, 3ij; boroglyceride, 3j; glycerine, 3iij) and inserted through a Sims' speculum.

No treatment which interrupts the normal physiological processes, such as the retrograde metamorphoses of involution, the fatty transformation of the component fibres of the uterus, or the cicatrization of its internal surface by the exudation of organizable lymph, and the development of a new layer of mucous membrane, or the healing of traumatic lesions, can be justified unless positive symptoms, now well understood in science, demonstrate their necessity. **FORDYCE BARKER.**

VOMITING OF PREGNANCY.—DR. ROSE adds another to the interminable list of remedies for vomiting of pregnancy, by reporting good results from the use of rectal injections of carbonic acid.

—*N. Y. Med. Record.*

SULPHUR FUMIGATION IN PERTUSSIS.—MANBY, in the *Practitioner*, gives the result of this method in twenty cases. About one ounce of sulphur was burned for each cubic meter of air space. The day-room was fumigated as well as the bed-room; so that the children lived for days in an atmosphere of diluted sulphurous acid gas.

The improvement is immediate, and in no case did the cough last more than two weeks after the treatment commenced.

A CLINICAL teacher is said to have recently recommended for fistula in ano the *silk or elastic* ligature. We cannot believe that any surgeon who has really made use of both these ligatures could possibly speak of them in the same breath. No case in our professional history occasions us more self-reproach than one in which we were persuaded to use a silk ligature.

DIPHTHERIA AND COW DISEASE.—The investigation of an epidemic at Moulsham, Essex, afforded the following remarkable facts: Certain cows had suffered from an eruption on the udders; persons using this milk were affected with a modified form of diphtheria; other members of the same families, who used other milk, were not affected; and when the cows recovered their milk ceased to be injurious.

—*Lancet.*

ALOPECIA CONTAGIOUS.—The committee appointed by the Academy of Medicine in Paris, to consider the question of the contagiousness of alopecia areata, has just rendered its report. The rules enjoined upon those afflicted with this disease in the public schools, etc., could hardly be more rigorous if it were scabies which ailed the children; and indicate the conviction in the minds of the committee that the disease is contagious.

AMYLENE HYDRATE.—GIRTLETT recommends the following as a hypnotic:

B Amylen. hydrat.....gr. cv
Aque dest.....3x
Syr. rubi idæi.....3viiss

M. S. Half the quantity to be taken in the evening.

Or this:

B Amylen. hydrat.....gr. cv
Aq. menth. pip.....3x
Syr. rubi idæi.....3viiss
Ol. menth. pip.....gtt. j

M. S. Same dose as above.

SETTIER reports two cases of incontinence of urine cured by electricity. The applications were continued for several months; some time after the bladder had recovered its tonicity.

—*British Med. Journal.*

CORROSIVE sublimate has this objection as an antiseptic—that to kill the spore you must first kill the patient.

Three-fourths of the cases of small-pox in the hospital at Nantes were contracted in the institution itself.

We say that this is a bad state of affairs, and yet here in Philadelphia we have but one hospital provided for all varieties of contagious diseases; and a person going there with scarlatina would be exposed to the danger of adding variola to his ailments.

PARALDEHYDE FOR VOMITING.—LA MOURE, in the *Albany Medical Annals*, recommends paraldehyde for the vomiting of ovarian disease and of pregnancy, and the nausea of migraine. He gives forty drops in an ounce of elixir; a teaspoonful in water every half hour. We tasted paraldehyde—once—and can only explain the above by supposing that the stomach is simply paralyzed with astonishment that such a dose should be deposited in it.

COCILLANA.—Dr. Rusby discovered this bark in Bolivia. He finds that it resembles ipecac in its action, causing emeto-catharsis, with great stimulation of the vessels and glands of the mucous membranes, which is followed by sedation. He thinks it may replace ipecac, which is scarce and dear; and that cocillana may prove useful in hay-fever and nasal catarrhs. The drug exerts its action on the naso-pulmonary mucous membrane equally well when administered by the stomach or by inhalation.

ABSENCE of epistaxis, of iliac tenderness, of tympanites, of continued high temperature, of emaciation, of the peculiar eruption, all should cause the physician to hesitate as to pronouncing the case one of typhoid fever.—ATKINSON.

A CARD FROM REED & CARNRICK.—An anonymous publication in Boston, claiming to be a free lance that "neither threats nor bribes can suppress, has devoted considerable space lately to a so-called "exposé" of our preparations. The statements of this publication have been considered by us as too unscientific and absurd to merit our attention. The medical profession are competent to judge for themselves regarding the

value of our products, and chemists of the highest standing in the world have often certified to their value and reliability. Investigations of our methods of manufacture have always been courted by us, because we have never had anything to conceal from the medical profession. We, however, have thought it simple justice to relate our experience with this sheet, which we will do in the shortest manner possible.

We were advised in the May issue of this publication that they had decided to publish analyses of our preparations which were prejudicial to our interests. Not knowing anything of its character, we sent a representative to interview the proprietors and ascertain in what manner they claimed we had laid ourselves open to criticism. This was done in good faith, knowing the soundness of our position, and presuming the management of the journal was actuated by perfectly honest motives and willing to deal justice with an even hand.

To our surprise we found the publication was edited anonymously, and that the "chemist" was also acting under an assumed name. Our representative, after spending some days in inquiry, finally located the disinterested gentlemen who run the journal. Acting under our instructions, he asked for information regarding their proposed attack. The several interviews which followed resulted in an ultimatum which they cunningly insisted must be a *proposition from us* to the following effect:

First, the payment of \$2500 to the editor to cover the loss caused by suppressing the proposed article.

Second, the employment of the anonymous chemist, who was to be paid liberally to visit our laboratory and "analyze" our products, promising that, if he found we were subject to criticism, we were to have an opportunity to correct our errors; or, in other words, if the methods of conducting our business did not meet with his approval, we were to have an opportunity to change them to coincide with his views. This seems highhanded enough, and while it appears to be within the law, yet savors exceedingly of blackmail cloaked under the

[CONTINUED ON PAGE XVIII.]